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Original Contributions.

SELECTIONS FROM SURGICAL NOTES.

BY MOSES GUNN, M.D., Prof. Surgery, Rush Medical College.

I select the following two cases of vesical calculus, the first because of the resemblance of the symptoms to neuralgia, and the robust condition of the patient; the second from the fact that a somewhat novel accident complicated the operation.

L. K., a robust German, about 48 years of age, a butcher by occupation, desired my opinion of his case, in consultation with his physician, on the 22d of October, 1865. His height was was about 5 ft. 10 in., weight 240 lbs., complexion florid. He was subject to paroxysms of most excruciating pain referred to penis and scrotum, but more particularly to the glans penis. These paroxysms, which endured from two days to a week, more or less continuously, were greatly aggravated, not only by the act of urination, but also upon the slightest touch upon the genitals; even pointing the finger to the organs would not unfrequently produce painful suffering. At first the general condition of the patient and the character of the pain had led to a diagnosis of neuralgia, and medication had been directed thereto. But as no relief had been obtained after several weeks trial of this class of remedies, suspicions of the presence

of a calculus were aroused; a consultation was held, and an unsuccessful attempt to introduce a sound was made. At this stage of the case I was summoned, and so strongly did its physiognomy resemble neuralgia that I had little expectation of finding a stone. I, however, put the patient under the influence of chloroform, and introduced the sound, which soon came in contact with a dense body, giving a very audible click. The lateral operation was made, and presented nothing peculiar except the depth of the perinæral incision rendered necessary by the amount of fat deposited. The calculus was of the uric variety. A good recovery followed.

J. C., aged 51, presented himself at the College Clinic on the 19th of March of the present year. He was greatly emaciated, and experienced all the subjective symptoms of vesical calculus. He had first felt them twenty-seven years previously. On exploration a stricture was discovered, which prevented the introduction of anything larger than a No. 1 sound, by which a large calculus was found in the bladder, and one or more smaller, in the urethra posterior to the stricture. After due preparation of the patient, he was anæthetized, a No. 2 staff introduced, and the operation commenced. After the incision had been made upon the staff, and while the assistant in charge of it attempted to depress it to facilitate opening the urethra, the instrument broke completely off at the commencement of the groove, and I felt the detached portion recede from my touch into the bladder! As I had only with difficulty succeeded in introducing a No. 2 staff, I immediately anticipated the necessity of cutting my way into the bladder on a No. 1 sound. But before doing so I essayed the introduction of a No. 4 staff, and by the use of more force than I should have felt warranted in exercising under less urgent circumstances, I succeeded in the attempt. The incision was completed, and, first, the fragment of the staff was removed; then a large calculus, and two smaller. The large one was an ammonio-magnesian phosphate. The patient made a good recovery.

CONTAGION OF CHOLERA.

By R. L. Rea, M.D., Chicago.

Theories are only absolutely perfect when they account for all the facts with which they are connected, and are valuable in proportion to their approach to this standard.

First, having a given number of facts, we form our theory, and all additional facts must agree with the theory thus formed.

Cholera has, seemingly, coquetted with the most assiduous researches of the wisest medical philosophers. Whether we consider its cause, nature, origin, or contagiousness, the resnlt is the same; they have been mocked by the echoes of their own eurekas. The heavens above, earth beneath, and the waters under it have been ransacked, and each in turn furnished a cause. Vegetable, animal, mineral, and aerial have borne their share of attributed influence. Each theory lasted long enough in the mind of its discoverer to assure him of its correctness, when a rough blast of facts demolished his beautiful fabric as easily as the north wind does the gossamer. If ever a disease was invented to take the conceit out of a man, that disease must have been cholera. Deny it if we will, the subject of cholera is involved in great obscurity in all its essential points. Its cause, nature, contagiousness, and treatment are matters of great uncertainty.

How opposite the class of persons affected. Two of the most temperate cases I was called to treat last year, I lost. Two of the most intemperate, irregular in habits and life, I saved. Every one's experience will show the same occasional result. As to localities affected by it, the village of Oxford, Ohio, 30 miles from Cincinnati, in one of the healthiest localities in the State, rolling, good water, and very good hygienic influence prevailing, in the last epidemic of cholera there died forty (40) out of a population of one thousand (1000), or 4 per cent.

Its treatment need simply be alluded to, from the most scientific to the most absurd, followed by success or failure with equal uncertainty, if you listen to the reports of those in whose hands cases fall. Do you believe that there were one hundred

and two (102) cases of genuine cholera—consecutive cases—treated, without the loss of a single case? No more than I believe the reports of the homœopathic fraternity in Cincinnati, in the epidemic above alluded to, in which they reported, treated by themselves, 1400 cases—saved 1395!

The causes of these discrepancies are threefold:—1st. Want of knowledge. 2d. Faulty observation. 3d. Dishonesty. The first two are pardonable; the latter not. A man may not have all the knowledge he should, or draw wrong inferences from careless observation, or want of judgement; but he has no right to misrepresent.

My object, in the present brief article, is to present some suggestions, intended to harmonize some of the discrepancies regarding the contagiousness of cholera. We know how easy it is to prove by facts, either that cholera is or is not contagious. How a case brought into a neighborhood lights the fires of its ravages; and another brought in the same way is harmless as sunshine. How the devoted nurse is the victim of his own benevolence; and how another, going from house to house, in the midst of its most terrific forms, is a Daniel in the lion's den.

One fact, with reference to this disease, seems tolerably well settled, and that is, that whatever the exact nature of the predisposing cause, it spreads over the country, and whatever power we may have to prevent its localizing itself, by cleanliness and hygienic measures, the prime cause of cholera, or the epidemic influence if you please, is uncontrollable, that is, starts and spreads over the country, from one point to another, independent of hygienic influences, and exercises its power on the inhabitants of those regions over which it spreads; but when it does appear in any given locality, it is, in a measure at least, under the influence of prevalent circumstances, as air, water, cleanliness, and such as affect all diseases.

Poisons, as a class, are received into the blood, before exercising their toxic influence. Whether they will produce their poisonous influence, depends upon the power of the eliminating organs. If the poison is received in such quantities that they

can throw it from the system as fast as received, no deleterious effects ensue; but when the poison is received so fast, or from any cause the excernent muscles are crippled so as to perform their functions imperfectly, the system suffers. Familiar examples of this are arsenic and opium. I believe this to be true, whether the poison enters through the stomach or lungs, and, furthermore, that in the fact before given, we have the explanation of many curious and difficult problems. Two persons exposed to the same influence with different results. My hospital colleague and myself visited the small-pex hospital in Cincinnati, were together the entire time during the visit, exposed to the same influences as far as possible; he came home and had varioloid; I escaped. We both received the poison into our systems—mine threw it off, his did not, with results as stated.

The familiar facts connected with dissecting wounds, is still further to the point. Dissecting wounds are very uncertain in their results; a very few cases result in poisoning the person inoculated. Some classes of subjects are especially virulent, but none are exempt from it, and there is little probability that of all the subjects received into the dissecting rooms, and the almost invariable injury to some connected with each class, that the infinitely small amount of poisoning can result from all those capable of infecting, in other words, that so little poisoning should come from so many exposures.

I have been, directly or indirectly, connected with dissecting rooms for eleven years; I was never harmed by the cadaver. Attending the wounded after the battle of Shiloh, I used my finger for a probe in the large holes made by the minie balls, and remember using my finger, which had the skin considerably broken, on an erysipelatous case, with not the slightest ill effect. Within two months after this, while operating on an arm, I pricked my finger, with a dissecting wound as the result—the patient dying with phlegmonous erysipelas, while I was suffering from the wound I had given myself. It seems hardly probable that this was the first time I was ever inoculated with poisonous virus, and still more so, when we consider the fact now alleged, that poison once on a broken surface is irretrievably in the system.

I do not think the condition of the system necessary to produce poisoning after its reception necessarily produces any feelings of conscious derangement in the individual, or that the eliminating organs are necessarily defective; but that the poison so received, as in my own case, may be overwhelming in quantity or virulence.

I think this theory of the influence of the poisons on the system *applied* will account for many things otherwise difficult to explain. Take the case of persons living constantly in the atmosphere of slaughter-houses, glue-factories, etc., and we wonder why they enjoy the perfect health they do. Their eliminating organs develop in power and function, if not in size, by use, and their constant labor to keep their decks clear, strengthens them in their arduous work.

In the case of children raised in squalor, filth, and effluvia, Chambers would say, dirt on their bodies keeps them warm, and so gives them additional vitality. But I think a better explanation would be, development of function by use.

Vaccination is supposed to exert some influence on the blood, by which the system is defended against visitations of small-pox. Would n't it be easier to account for it by attributing its influence by the power excited in the scavengers of the body, whereby they are enabled to do more effective duty, in ridding the system of variolous poison; and when overcome at all, are able to eliminate so much as to leave a very mild type of the original disease, the effect of the thoroughness of original medication. This theory, which I think will explain the facts concerning the contagiousness of cholera, is, that the epidemic influence spreads over a section of country—say Chicago. All breathe it. A given number, from the efficient power of the depurating organs, throw it off as fast as received into the system; others do not, and suffer from the disease. Those exposed may develop the disease by imprudence, when they would otherwise escape, adding the last hair to the camel's back by suddenly checking perspiration, or by indigestible food, or depressing excesses. This will hold true, not only of cholera, but to all diseases classed as contagious—measles, scarla-

tina, whooping-cough, etc. How irregular the contagion of such diseases is!

It is to this active, unceasing agency, resisting by its depurating power, that we are indebted for defence from disease *without*, as well as by generative poison *within*, the system.

ENLARGEMENT OF THE COLON.

By Wm. Lewitt, M.D., Demonstrator of Anatomy in Rush Medical College.

In September, 1864, I was called upon, in company with Dr. E. Wells, of Ann Arbor, Mich., to visit Wm. C., *æt.* 21, to relieve him of what was called constipation. He had not had an evacuation of the bowels for three weeks, during which time he was in the hands of a *spiritual doctor*, who said he was suffering from *windy dropsy*.

On visiting the patient, we found him suffering intense agony from pain in the abdomen, with frequent desire to expel flatus from the rectum, which could only be accomplished by standing upon his head and hands, in a perpendicular position.

On examining the patient, we found the abdomen enormously distended, and so tense that it was impossible to feel the outlines of any of the abdominal organs. We learned from him that he once suffered from a similar attack, when about 12 years of age, which continued for about two weeks, without any evacuation of the bowels, and had ever since then been suffering from torpor of the bowels, only having an evacuation once in eight or ten days.

Upon an examination per anum, we found what appeared to be an enormous tumor, filling up the entire pelvic cavity, and having all the appearance of a child's head at term; in fact, it bore a closer resemblance to that than anything else. The rectum appeared to be normal.

He having taken large quantities of powerful cathartics, it was not deemed advisable to repeat them, and copious enemas,

containing ol. terebinth., were ordered, but, in attempting to use them, they could not be thrown up higher than the rectum, and would flow immediately back. It was then thought advisable to try what could be done with the aid of the long rectum tube. This could not be carried farther up than the upper portion of the rectum, when it would fold upon itself, showing that there was some obstruction at the upper end of the rectum or sigmoid flexure of the colon.

Laxatives were used, containing large quantities of fel. bov. and ol. terebinth., but with no effect, with the exception of, occasionally, an expulsion of small quantities of flatus from the rectum, and then only by resorting to the position mentioned above. He continued in this condition for about a week after I saw him, when he was suddenly seized with excruciating pain in the abdomen, and in a few hours expired.

A *post mortem* examination, made about six hours after death, revealed the following condition:—The peritoneal cavity was enormously distended with gas, and a large quantity of fæcal matter, of a battery consistence, was extravasated into it, showing that perforation had taken place, and was the immediate cause of death. Perforation had taken place at several points in the colon. The ascending and descending colon (for there was no transverse) appeared like two immense cylinders, lying side by side, and extending from the epigastrium to the pelvis, and filled with soft fæcal matter, and each was about $5\frac{1}{2}$ inches in diameter. The caput coli was not much enlarged; the transverse colon was entirely obliterated; and the two cylinders of the ascending and descending colon were folded upon themselves, filling up the entire surface of the abdominal cavity, The sigmoid flexure was about the same diameter, and what was supposed to be the tumor filling up the pelvic cavity, was the sigmoid flexure enormously distended with fæcal matter and folded down upon itself, giving it the firm and rounded shape of a pelvic tumor that was supposed to exist, and pressed so firmly upon the upper portion of the rectum as to prevent all passage of fæcal matter into it. The colon was very much thickened and completely filled with fæcal matter of a battery

consistence, containing over a large wooden pail full, besides what had extravasated through the perforations into the peritoneal cavity.

The reason for his adopting that peculiar and unnatural position to enable him to expel the flatus from his bowels was, that by that position the weight of the distended sigmoid flexure was taken off the upper portion of the rectum and allowed a small quantity of flatus to escape, which afforded him some relief.

RABIES.

By R. P. Hunt, M.D., Chicago.

Rabies is generally understood as hydrophobia, or the cause which conduces to it. Is there such a disease as hydrophobia? There evidently is. Is not the disease less common than is generally supposed? Is there not a ruthless war unnecessarily waged against the dog, man's fastest, firmest, and most steadfast friend? How many cases of hydrophobia are correctly, authentically reported? Is it not a well-known fact, that the wolf and wild dog generally jump at those portions of the body unprotected by clothing? The domestic dog snaps at the easiest and nearest place, necessarily, through the clothing, and often through the boot, thus wiping off the poisonous saliva, and inserting a clean, unpoisoned fang.

Now, there is a popular theory that dogs suffering from hydrophobia, generally so called, fear water. This may be true, I do not gainsay it; but still, cases are reported, and that on high authority, that dogs pursued and persecuted, under the supposition that they were hydrophobic, have been known to spring into and swim large streams. Watson says, that the fear of water, and the difficulty of imbibing it, is not only a gross error, but one perfectly opposed to fact; not only does thirst exist, according to this author, but it is unquenchable. Mr. Youatt, who, possibly, has more reputation in the veteri-

nary line than any other man, especially in the English language, says, that "all other quadrupeds, with the exception of the horse, drink with increased avidity." The great John Hunter, who is well known to every tyro in the profession as one of, if not the only, certainly the greatest father of modern surgery, according to Watson (I have no access to his works), is reported as as saying, "that out of twenty-one cases bitten by dogs supposed to be laboring under hydrophobia, only one fell a victim to it." There are many cases of reputed rabies which are certainly not founded on facts. Now, will some of your many readers and correspondents, better informed than myself, advise us whether the great majority of these cases, reported hydrophobic, are not simply cases of hysteria.

We all know that hysteria is not, as its name asserts, specially peculiar to women, and that it is not a mere fancy but a painful disease, and often incurable.

RETARDED CONGENITAL SYPHILIS.—SYPHILITIC CARIES.

By H. Durham, M.D., LaSalle, Ill.

Case. H. B., aged 8 years, 4 ft. 2 in. in height, with light, almost sallow, complexion and hair, sanguino-bilious temperament, with no previous sickness, eruption, or sores; of a syphilitic father, cured twenty years ago in a military hospital in France, and of a scrofulous mother, to whom the disease was not communicated by husband or child, and whose two previous children (the first of the two by a former husband) have shown no specific symptoms, last June complained of pain in his left foot, when, in a day or two, a sore appeared upon the tarsal integument, that soon ulcerated with great rapidity, with well-defined edges and circumscribed redness and inflammation.

On the third day after the appearance of the ulcer, Dr. Bry, the attending physician, who had diagnosed the case, called me in, when the cuboid and external and middle cuneiform bones,

with the metatarsal bones of the 4th and 5th toes were denuded, and nearly all of them were ready to drop, and, with the exception of the cuneiform bones, were removed with the phalanges. The child was treated with the proto-iodide of mercury three days, and then with iodide of patass. and compound syrup of sarsaparilla, and made a rapid recovery.

The annals of science furnish few well-authenticated cases of syphilitic lesions of the bones at this early age, and they seldom assume the well-known forms that make their diagnosis so easy in later years. Bertin speaks of having seen periostitis. Laborie quotes a case of caries of tibia. Cruvelhier mentions caries of the orbital vault. Rosen refers to a case of the carious hard palate. But probably some of these were cases of necrosis from ulcerative denudation.

Teachings of the case.—1st. Syphilis is propagated otherwise than from a chancre solely. This child never had a chancre.

2d. The lesion was syphilitic. The symptoms were well marked, and specific treatment altered the character of the ulceration in three days.

3d. The father, at the time of fecundation, had secondary syphilis, and was in a condition to transmit the disease.

4th. The mother did not contract the disease either from the husband or from the embryo *in uterus*. Her health has not declined since marriage.

5th. The child never had a syphilitic symptom previously. At the sitting of the Academy of Medicine, October 8th, 1853, Ricord says, he had a case, aged 17, who inherited tertiary syphilis from his father, and had seen subjects in whom hereditary syphilis did not *manifest* itself before the age of 40.

6th. The different stages, as such, are not transmissible. The father had secondary syphilis, and the child showed tertiary symptoms; but, in truth, the symptoms of congenital syphilis lie between the two stages, partaking of both.

7th. The power of treatment becomes exhausted. The girl of the mother by a former marriage, aged 14, shows no symptoms; the elder boy, aged 10, by this marriage, shows none;

the patient, the younger boy, aged 8, does give syphilitic manifestations. How shall we account for it, but under the supposition that at the time of the first procreation, the father was still under the influence of mercury, and that by the time of the second procreation the specific influence of mercury on the system had been lost! This seems more probable, from the fact that the mother has since miscarried once.

Diday says, a father may beget a syphilitic child, though no symptoms may appear in 10 years. Albers gives his opinion, that retarded syphilis chiefly affects children of a syphilitic father and a scrofulous mother, which opinion the present case confirms.

8th. Venereal dyscrasis may attack one who has never shown debility; contrary to Diday's teaching, who holds that the inherited disorder always brings a debility which predisposes the constitution to acute diseases, etc. Troncin teaches that if the syphilitic child do not die at birth, it will have glandular swellings, a large and tympanitic abdomen, and tardy dentition, none of which conditions are fulfilled in the case of H. B. He also thinks that the slightest disease will carry it off, while Sperino saw a child that, after two *years* of sickness, the disease had perforated the hard palate by ulceration!

9th. The disease chooses the weakest spot for an outbreak. But why should that be in the foot? We could understand it, if the child had received a severe blow or a sprain to occasion congestion, which might cause ulceration in syphilitic subjects, just as congestion produces ulceration of the bowels and induration of the liver in like sufferers. But the child had received no injury, and we must account for the location of the ulceration from the dependent condition of the part, the distance from the centre of circulation, the frequent use of the foot in the restlessness of childhood, and the consequent rapid growth of the bones.

10th. Though congenital syphilis commonly proves fatal before it reaches the tertiary stage, it may first appear at that very stage, as this child never had the least indication of a syphilitic diathesis previous to this attack.

PROGRESSIVE PARALYSIS OF THE INSANE.*

With some show of reason, alienists, who have made the different forms of insanity a life-long study, complain of the inattention of general practitioners to the recent discoveries in the pathology of the nervous system. They say the larger number of cases affected with the paralysis peculiar to the insane, who enter our asylums for treatment, have either been improperly diagnosed or the patient's friends have been deluded by an unjustifiable prognosis of recovery. And it becomes the duty of family physicians to notice the change, for every superintendent of an insane institution states that the cases do progress unfavorably after their admission, while there is good reason to believe much good could be done medicinally in the incipiency of the attack. Although the affection has been noticed for a long time, and, twenty years ago, Dr. Pliny Earle† published the first full account of the disease in this country, yet Flint speaks of general paralysis simply as general spinal paralysis, *i.e.*, when the four extremities are affected, and Aitken discusses in four lines our subject. But the excuse for this omission is not the rare occurrence of the disease. An examination of the abstracts of the reports from our insane asylums, in the *Am. Jour. Med. Sci.*, for the last fifteen months, shows that among 14,566 cases of insanity in thirty-four institutions, there were 1159 deaths, and in twenty-five of the institutions, which report the causes of death, there were 72 deaths from general paralysis or paresis.

In Dr. Gray's essay, we have an able description of this disease. In the incipiency of the disorder, the attention of the physician should be drawn to the mental alienation by the extravagance of ideas. Generally, a man who has transacted a moderate business will be found making large contracts and embarking in new enterprises without any reference to his capital. His delusion is expressed by his often repeating, "I

* General Paresis, or Incomplete Progressive Paralysis. By John P. Gray, M.D., of Utica. Art. XI. Trans. Med. Soc. of State of N.Y., for 1866.

† Am. Jour. Med. Sci., April, 1867, p 333.

am rich, I am rich; I am worth ten thousand, a hundred thousand, a million of dollars;" and this insane idea increases until his plans would require unlimited means. Not as often, the insanity takes the form of political power; sometimes lasciviousness engrosses the man's thoughts, and he wishes to marry every woman whom he meets, and to beget countless children. This state of excitation is followed by depression, although the appetite and love for food, and the excessive venereal propensity continue. Sometimes, in the origin of the disorder, there was languor, pains in the head, excitability, and sleeplessness, and this condition was followed by great drowsiness; but in this secondary stage of the disease, these same symptoms are more marked, and paralytic changes commence with a modification of the speech, which consists in a want of coördination of the muscles of articulation, and very much resembles the attempts at conversation of a drunken man. This is accompanied by a twitching of the mouth, with tremulousness of the eyelids; the paralysis of the tongue becomes quite noticeable; slight paralytic strokes occur; sooner or later the patient has a maniacal paroxysm, sinks into dementia, and, after repeated epileptiform seizures, dies.

In grouping together the principal features of the autopsies made on patients dying of general paresis, we find, in most cases, that the cranium is thickened, the dura mater strongly adherent to the skull, and by filaments to the subjacent membranes; the arachnoid thickened, of a dark yellowish color, beneath it a considerable effusion of serum, and in several cases well-marked arachnoid cysts containing a red fluid or a firm blood coagulum; the pia mater usually congested; the brain engorged with blood or of a dusky hue, sometimes of a normal consistence, again with induration of the pons Varolii and olivary bodies, or with calcareous bodies in the pineal gland, but often with softening and degeneration of the brain substance. In one instance, there was fatty degeneration of the arteries of the brain, and a dark, slaty appearance of the spinal cord. These hints are enough to direct our attention to the necessity of the early diagnosis of this disease. B. D.

ON THE TREATMENT OF ASTHMA.

By W. Anderson, M.D., Pontiac, Ill.

Editor Medical Journal:

Dear Sir:—Please permit me to offer to your readers a few practical remarks on the subject of Asthma, the disease universally and improperly, by the unprofessional, called phthisic, a fact at which we should not demur while the profession adheres to so many barbarous and uncouth, not to say unscientific, names.

This, of all diseases, requires the most strictly tentative treatment, and by adhering too closely to certain remedies in all cases, strikes me as a reason of so little success amongst physicians in its treatment; though I admit it is not curable, and all treatment for this disease is strictly palliative. Or, rather, I would say, while the disease can generally be mitigated and the paroxysms often cut short, I would not pretend to claim that the affection can be eradicated from the system. What may greatly benefit one sufferer may only oppress the next, and not avail in one case out of the next five. The physician should try, and keep on trying, the various remedies, in quick succession, till the right one is found. Whoever prescribes according to authorities, without trying a diversity of remedies, will generally furnish his patient no relief. The patient will generally know what is best adapted to his particular case, and should be thoroughly consulted.

This disease is sometimes brought on by menstrual obstruction. This must be rare, as I am not aware that it has ever been noticed by medical authors. I was recently called to see a case of this kind. She had been troubled at times since the age of puberty; nothing would give relief but bleeding or dry-cupping over the lungs, either on the breast, side, or back. That the paroxysms were caused by a reflux of blood to the lungs was evident. It could not have been merely from the retention in the system of an exciting material, for then bleeding or cupping would not avail. She could get relief in no other way, and these never failed. She always had a parox-

ysm following *obstruction from whatever cause.* I never knew blood-letting to avail in any cases but the above.

It is well known that heart-diseases sometimes result from asthma. In such cases, the ordinary remedies for heart-disease, veratrum, aconite, digitalis, etc., cannot be taken, and should not be given, as they cause smothering and are dangerous and useless.

VENOMOUS BITES.

By James T. Newman, M.D., Chicago.

Much has been said and written, of late years, on the subject which this article professes to treat. It has fallen to my lot to see several cases of such character:—three from the bite of the rattlesnake (*crotalus horridus*); one from the bite of the spider; one from the sting of the scorpion.

On the 10th of August, 1866, I was called to see a man who had been bitten on the right tendo Achillis. He had been bitten about three hours before I saw him. I found him in the most excruciating agonies imaginable. His whole right side was swelled, all the way from the bitten part up to the shoulder; his pulse was very rapid, and varied from 130 to 145; respiration also varied, from 36 to 40; the whole frame was in a high state of nervous trepidation; he also foamed at the mouth, gnashed his teeth, and violent spasms would ensue. I was four miles from town, without a particle of medicine in my possession. I ordered thirty grains of sul. morph. and a gallon of the best brandy. When it came, I took the morphia and divided it into six parts, and gave him one of them; in about ten minutes I gave him about eight ounces of brandy, and anxiously awaited the result. The swelling was rapidly covering the entire body. There I was, and not a physician within twelve miles of me. I was young and inexperienced, and had never seen a case of the kind I had to deal with; all that I knew was what I had read in the books, and my position was

by no means enviable. At the end of an hour from the time the first dose was given, I repeated the morphia and brandy, and also applied a poultice of stramonium leaves. The spasms, I could now plainly see, were subsiding; this gave me hope. I then reduced the brandy to about four ounces every fifteen minutes. This treatment was kept up for six hours, changing the poultices every half hour. At the end of that time, he fell off into a sleep, which lasted four hours. The swelling now commenced to go down. When he awoke, I gave him more morphia in the same doses that I had commenced with. By this time, I had sent for four ounces aqua ammon.; two ounces of it I mixed with the same quantity of brandy. I had given him two doses of the ammonia and brandy, when he fell off into a sweet sleep, which lasted until 3 o'clock the next morning. I had then given him thirty grains of morphia, one gallon of brandy, and four ounces of ammonia. The swelling had almost subsided, except the part that had been bitten; it exuded a greenish fluid. I do not know whether this fluid was the virus or not; I ordered it to be wiped off. The result was, the patient recovered.

Case II. The recovery of the above-named case gained me the reputation of being able to cure the rattlesnake bite. I was sent for, on the 25th of August, of the same year, to attend a man who had been bitten by a rattlesnake. It was fourteen hours from the time he had received the wound when I saw him. He was swelled up nearly three times his former size; complained of having a sore throat; and would gulp when water or fluid were brought near him. I, however, opened his mouth and poured down a glass of brandy; he immediately vomited it up. I then gave him three grains of morphia, which was also ejected from the stomach. He soon sank into a state of coma and died.

Case III. A boy, about 10 years old, was sent by his mother to pick blackberries for tea, and was bitten on the hand by this terrible reptile. He threw down his cup and made for the house. I was living close by, and, hearing the screams of both mother and child, went to their relief. As soon as they

told me what the matter was I took out my handkerchief, and, binding it around the little fellow's wrist, went to my office, which was about a quarter of a mile distant, and obtained some brandy, morphia, and ammonia. I then mixed the ammonia with the brandy, taking two drachms of ammonia and two of brandy, and gave it to him in about ten minutes; I also gave him a quarter of a grain of morphia, which was to be repeated every three hours; the ammonia and brandy was to be given every hour. The arm did not swell; the part that was wounded looked a little puffed, but it soon disappeared, and in a few days he was running around.

This treatment of morphia and brandy, for the bite of the *crotalus horridus*, was taken from a case that I had treated for the bite of the tarantula; the symptoms were exactly alike in the case of the snake bite and in that of the tarantula, with the exception that the pulse in the former was very rapid, and in the latter scarcely perceptible, all other symptoms were present.

CASE IV. A child was bitten by that terrific insect, the tarantula. The parts immediately swelled up and spread over the whole body; circulation was impeded to a great extent; dimness and vertigo set in, with nausea and vomiting. I immediately gave it a fourth of a grain of morphia, in about ten minutes I also gave him two drachms of aqua ammon. and two of brandy, cauterized the parts with nitric acid, and kept up this treatment for two days, varying the doses as I thought proper. He recovered.

There is still another case which has fallen under my observation. This was poison produced by the sting of the scorpion. Pain, discoloration, and swelling were the immediate results. Ammonia externally applied, large doses of whiskey internally employed, and in a few hours the patient was relieved.

I will now take the opportunity to ask the JOURNAL how hypodermic injections of the narcotic family would answer in such cases.

ELECTRO-MAGNETISM AS A MEANS IN THE TREATMENT OF DISEASE.

By C. F. Hart, M,D., Chicago.

In looking over the *Medical and Surgical Reporter* for June, 1867, No. 24, I find recorded three several cases treated by the galvanic battery. They were:—Case 1st, nævus of the eyelid, cured; Case 2d, papillary growth of the armpit, cured; Case 3d, moluscum of the right eyelid, cured, and without the usual cicatrix.

This brought to mind several cases treated by myself. The first was myself:—Some years ago, when a boy, about 16 years old, I recrived a hurt of the back, from lifting a log, which confined me to my bed for a week or ten days, and shortly after getting about, was thrown from my horse, over his head and against a log, the horse jumping on me with two feet on the small of my back. This again laid me up for some time, and for years after I suffered excruciating pains in the back and hips. I consulted many physicians, without relief, my sufferings growing. Finally, cystorrhœa supervened, with great pain and frequent hemorrhages in micturition; standing, walking, or hard riding would increase the pains. During this time, I had commenced the practice of medicine, and also commenced the investigation of my own case. As all internal remedies had failed, I concluded to try the electrolyptic apparatus, and, to my great joy and satisfaction, found relief in a short time. The mode adopted was placing one pole of the battery over the pubis, while the other was moved backwards and forwards across the lumbar region.

During the treatment of myself, a friend, and classmate, came into my office, suffering severely with neuralgia of the heart and scalp. He had tried almost everything, without more than temporary relief. I proposed to try the battery; he consented, and one pole was placed over the region of the heart, and the other to the head and neck, with great relief, the third or fourth application entirely succeeding. This was in 1859, and up to 1865 he had never been again troubled.

Again, whilst assistant-physician in the W. L. Asylum, in Kentucky, one of the male patients was suffering from incontinence of urine. I, in connection with the superintendent, had exhausted the various treatments of the books, without benefit, when I proposed to Dr. F. G. Montgomery to use the electrolyptic apparatus. He consented, and in less than a week there was a very decided improvement in his case, and in one month the patient was cured. Mode of applying—one pole over the pubis, the other in the perineum.

Another: During the great rebellion, an officer was wounded, at the battle of Shiloh, whilst in the act of giving a command, with his sword arm raised, the ball taking effect in the right breast, just under the clavicle and near the inner third, passing under the head of the humerus, through the axillary space, and making its exit near the elbow-joint, in its course severing some of the axillary plexus of nerves. He was taken home, and I waited on him during his recovery. In the mean time he complained a great deal of pain and burning in the palm of the hand, comparing it to a red-hot coal of fire laid there. One year afterwards he came home, with partial paralysis of the entire arm, with shrinking away of the muscles, and almost an entire loss of feeling in the hand. I tried the battery on him: the first time passing the to and fro current from the shoulder to the hand, for about ten minutes. The next evening it was repeated, and that night he had a return of the sensations during the healing of the wound and continued for several days, when I again used it on him. This time he complained considerable before leaving my office, and, the next day, told me he slept very little during the night in consequence of the pain, but that his sense of touch had very much improved, and he could use his arm much better. Here the treatment ended, not being able to persuade him to continue it.

I feel satisfied that had he continued the treatment, that it would have effected a cure.

Another, and the last, was an old physician, aged 73 or 74, with partial paralysis of the feet, or perhaps a more appropriate term would be, deficient innervation of the lower extremities,

who used it with great benefit. Whether, or not, it ever produced a cure, I am unable to say, having left the place shortly after he commenced the treatment.

A NEW FORM OF SUTURE.

MR. EDITOR:—My attention has just been attracted by an article under the above heading, in the April No. of the JOURNAL, p. 150.

The modification of the twisted suture, in which a ring of rubber is substituted for thread or or other material, is figured and described by Dr. Washington L. Atlee, in the *American Journal of the Medical Sciences* for January, 1860, page 81. He claimed it as *original*, and thought that it would *displace all other sutures*.

The fault of the suture is, that if it pulls enough it pulls too much, and if it does not pull too much it does not pull enough.

This will be plain enough, with a little explanation. The theory on which rubber is employed in preference to thread or other inelastic material is, that elastic rubber will yield on the occurrence of swelling, thus obviating the severe pressure to which the included parts must be subjected when inelastic materials are employed.

It must be obvious, on a little reflection, that if the rubber is strong enough to hold the parts in contact, it will pull all the time without any swelling, and this is pulling too much. And, on the other hand, if it does not pull enough to subject the parts to an unnecessary pressure without swelling, it does not pull enough to hold the surfaces in contact. The reason of this is, that rubber, when applied tense, tends to shorten itself, while inelastic material holds the parts in contact without tending to shorten itself. It, therefore, does not press at all within the distance of its original application.

Again, the rubber bridge over the wound will not slide out at its abutments upon the pin. All the yielding that can be expected of it is in a direction perpendicular to the surface,

and here, if the material is so weak as to do this readily, it is an insecure fastening; and if it is strong enough to be secure, it is too strong, for it must press unnecessarily without any swelling at all.

The employment of this suture in varicose veins, is an improvement over the ordinary twisted suture, because the fastening still draws, after the parts yield somewhat. This quality is not desired in effecting union of divided surfaces.

It is probable that the best modification of the twisted suture is, to employ a strip of plaster. When convenient, the plaster can be put on first and the pin pushed through from side to side, and if the tissues are hard, the introduction of an exploring needle, as a guide, will aid the process very much. In many cases, the pin must be pushed through first. Introduce the pin through the plaster and then along the groove of the exploring needle, and while the point of the needle is on a level with the surface of the skin, draw the plaster firmly over across the wound and push the point of the needle through it. This can be fortified by a thread, in the manner of an ordinary twisted suture, but the additional security will rarely be necessary. This presents such a broad surface that constriction and ulceration are not likely to occur. If the parts swell, the pin must be rotated and withdrawn, which can be done without disturbing the plaster. Yours truly,

Jacksonville, June 26, 1867. D. PRINCE.

ST. LOUIS, *June 8, 1867.*

DR. J. ADAMS ALLEN, *Ed. Chicago Med. Journal:*—

Dear Sir:—I noticed in the number of your JOURNAL for April and May last, an article written by Dr. Hoy, of Wisconsin, upon "A New Form of Suture."

The author of the article "calls the attention of the profession to it, not knowing that it is mentioned in any work upon surgery." This suture, which Dr. H. terms the "rubber-suture," is a thin, narrow ring of gum-elastic, and in his recommendation of its usefulness and practical value, I most heartily join;

but he is in error, in supposing it is not mentioned in works upon surgery. Dr. W. L. Atlee, of Philadelphia, has used it for some years past in his operations for ovariotomy, an account of which may be found in the *American Journal of the Medical Sciences*, January, 1860, p. 81.

Dr. Gross, in his Surgery, third edition, vol. ii., page 342, speaks of India-rubber sutures, as having been first employed by one Mons. Rigal, and also by Dr. Atlee.

I have, for the past four years, occasionally employed these sutures in operations for hare-lip, but when used in this operation, I cannot say that they possess any merits over the twisted suture; in fact, in an operation for hare-lip, which I recently performed, I used the last named, in preference to the elastic suture. In cases where a great many sutures are requisite, and where they must be applied without delay, these India-rubber rings may be advantageously employed; and this is particularly the case in operations for ovariotomy. Whenever the surgeon is short of assistants in performing an operation, they will be found very handy. These gum-elastic rings are now for sale at most stationers, or they may be improvised by cutting off small sections, or rings, from ordinary India-rubber half-inch tubing. Yours, very respectfully,

T. G. COMSTOCK, M.D.,

Attending Phys'n St. Louis Good Samaritan Hospital.

GELSEMINUM.

EDITOR CHICAGO MEDICAL JOURNAL.—

My Dear Sir:—There are credits given, not infrequently, in medical journals, and sometimes regarded as standard works on medicine and therapeutics, to sources which are not properly entitled to them. Such, indeed, may be the fact in regard to the article Gelsiminum, or Yellow Jasmine, at pages 409 and 410 of the United States Dispensatory, twelfth edition, by Prof. G. B. Wood, Philadelphia.

For example, he attributes "*the discovery of its properties, as*

a febrifuge, to a planter of Mississippi, through the accident of his servant, and that the remedy passed into the hands of irregular practitioners, and was employed by the eclectic physicians before its virtues came to the knowledge of the profession."

Allow the writer to call attention to the article Polemonion, book iv., chap. ix., in the work on Materia Medica, in 6 books, by Dioscorides, published during the reign of Nero, which is admitted to have been a standard work for 1600 years; and to the article Jasminum, by Gaspard Bauhien, in his work entitled Pinax, published late in the 16th century; and to the article Apiana, in the writings of Dodonæus, entitled Pemptades, published in 30 volumes, early in the 17th century; also to the article Jasminum, by John Quincy, published early in the 18th century; and to the article Jasminum Officinale, by Charles Linnæus, 1743; and to the article Gelseminum, by Motherby, 1765; and to the article Jasminum, of the New Edinburgh Dispensatory, 1794; and another article, by the author of the London Dispensatory, 1811.

Added to the remedial properties enumerated by Dr. Wood, to wit:—as a febrifuge and vermifuge, and as a remedy in rheumatism, chorea, and epilepsy, pneumonia, neuralgia, and gonorrhœa, it was used by the ancients in ulceration of the os uteri, and for fluor albus.

The leaves, flowers, bark, and root, have each in turn been used and tested, within much less than a century, and pronounced by able observers as valueless, compared with other remedial agents which are used in the treatment of these diseases.

As a perfume, repeated cautions are given as to its use, on account of its dangerous narcotic properties, believed to reside in the flowers and in the bark of the root.

The apparent necessity of thus noticing the above article, in the writings of so indefatigable, excellent, and earnest a worker in the cause of medical science, is to be regretted.

Chicago, June 5th. JONATHAN W. BROOKS.

Editorial.

Supplement.

Yielding to the solicitations of a large number of friends, we print in this No. an account of the laying of the *Corner-Stone* of Rush Medical College by the Masonic Order. As it is not strictly professional matter, we append it as a supplement, so as not to trench upon the usual pages of the JOURNAL.

Erratum.

In the advertisement by Messrs. Bliss and Sharp, 144 Lake street, on the cover of the Announcement of Rush College, by typographical error the name *Crenshaw* is made *Ciershaw*. The name of the celebrated pharmaceutic firm, BULLOCK & CRENSHAW, is too well known to require correction of this manifest error, but we make it in deference to the request of Messrs. Bliss & Sharp.

Contagiousness of Cholera.

None of our readers should fail to read the highly suggestive and valuable article by our excellent colleague, Prof. Rea, furnished in the present number of THE JOURNAL.

Medical Societies.

Thanks are due to the Secretaries who have forwarded Transactions, but the present pressure upon our pages renders it necessary to defer further notice in this number.

Rush Medical College.

The new building is rapidly progressing. There is now not the slightest doubt that it will be fully completed within the time specified in the contracts. Its stately proportions and convenient arrangements already attract large attention from visitors of the city.

As one looks over the subject, it is a matter of increasing surprise that the College could have gained such great prosperity whilst so badly cabinned in the old building. A large concourse is confidently anticipated at the opening of the ensuing session.

The Endoscope.

The lamented death of Dr. Hunt, noticed on another page, will not interfere with the completion of the work he was engaged in translating for THE JOURNAL. Arrangements have been made that the concluding pages shall be furnished without delay.

University of Wisconsin.

Institutions of learning, of whatever character, which are subject to political control are likewise subject to rapid and often unexpected mutations. No position is safe from attack, and no weight of scientific or personal reputation will protect from assault. Members of their Faculties have to descend to the dirty work of politics, or, worse still, toady to temporary rulers who hold the places at their will. Nepotism, and backstairs and scullery management are likely to be tenfold more efficacious, in securing and retaining professorships, than real worth and great abilities. Hence, Faculties are liable to become asylums for seedy political hangers-on, or light-witted brothers-in-law, nephews, or cousins. The University of Michigan, in past years, has been an apt illustration of this truth—we should say more, but the subject is too vast—we feel too vividly the *embarrasse du richesse.*

The University of Wisconsin is passing through a similar career in the wilderness. Its present Board of Regents are wiser in their generation than the husbandman of the old parable. They are rooting out tares and wheat both together. In scraping off the barnacles which obviously impeded the progress of their University craft, they are, we fear, scraping off also sheathing, and planks, and knees. Make haste slowly—venerable Literary Fathers!

When we read in the papers that, under any pretence, such men as Prof. EZRA L. CARR are to be compelled to leave professorships which it is positive condescension for them to consent to occupy, we are forced to believe there is "something rotten in"—the University of Wisconsin. It is unnecessary to say that Prof. Carr has a national reputation, and would be gladly selected to fill any vacancy which might occur in the

oldest and proudest literary or scientific institutions in the land. His lectures are marvels of compact learning, expressed in the most forcible and eloquent method. But we did not set out to write an eulogium upon Prof. Carr, nor will we do so. We only wish, as one of the profession of which he is a distinguished ornament, to enter an earnest protest against any such desecration of temporary power.

We are aware of the pitiful expedients usually resorted to by men about to perpetrate such acts—of the village gossip that is retailed. Mrs. Grundy and Paul Pry are at these times unusually busy, but Prof. Carr's position is too high and his reputation too well established to be injured by the Joseph Surfaces and Aminadab Sleeks of society. A personal acquaintance of over a score of years of active professional life, enables us to speak understandingly of the high and deserved reputation of this most estimable gentleman.

It is sincerely to be hoped that the newspapers are wrong, and that no such suicidal act is contemplated.

Canada.

We have received a circular from Dr. Russel, Secretary of the Quebec Medical Society, looking toward the organization of the profession throughout the "Dominion of Canada," under the style of the "Canadian Medical Association." The Quebec Society adopted the subjoined resolutions:

Resolved, 1. That in the interest of the public, and the medical profession, it is desirable to adopt such means as will insure an *uniform* system of granting license to practice Medicine, Surgery, and Midwifery, throughout the Dominion of Canada.

Resolved, 2. That in future, all medical degrees or diplomas, of Universities, Colleges, or Schools of Medicine, shall have merely an honorary value, and licenses to practice Medicine, Surgery, or Midwifery, in the Dominion of Canada, shall be granted by a Central Board of Examiners, in each Province, before whom all holders of Degrees in Medicine, or Diplomas for Surgery, or Midwifery, shall appear for examination.

Resolved, 3. That a committee of seven members be named by the Medical Society, to confer with the various Universities, Colleges, and Medical Schools in Canada, on the subject of the establishment of a Central Board of Examiners, before which, all candidates for license to practice medicine in the Dominion of Canada, shall be examined.

Resolved, 4. That the Quebec Medical Society recommends the calling of a Convention of Medical Delegates, from Universities, Colleges, Schools, Medical Societies, etc., in the Dominion of Canada; to meet at the city of Quebec, on the second Wednesday in October, 1867, for the purpose of adopting some concerted action, on the subject of medical legislation, in conformity with this report, and for the formation of a "Canadian Medical Association."

We trust our brethren in Canada will succeed in organizing their efforts to the better advancement of medical science; but their "Central Board of Examiners will prove a failure. The same idea is a favorite one in this region, also—one enthusiastic individual, indeed, having tried to commit the Illinois Medical Society to its support before the Legislature. "*Who shall guard the Shepherds?*" Whatever legislatures touch they mar. The frogs "missed their figure" in getting a king. Let the medical profession say to politicians, "Hands off!" Let it ask only a clear field and no favors. Neither ask nor give quarter in its contests. In Society the gentleman always takes his appropriate position. There is a higher law which regulates these matters than can be enacted by the political bawds who throng the capitols.

Alumni Meeting.

Prof. Rea informs us that his suggestion of a meeting of the Alumni of Rush College, to inaugurate the opening of the new college edifice, is being responded to with great enthusiasm. The meeting will be held early in October, and a sufficient number have already pledged themselves to be present to secure a highly interesting session. There are more than a thousand of the Alumni, besides those who have attended the lectures and not yet received its honors.

"Old Rush" proposes to extend a general amnesty to those who have deserted her, temporarily, because of her inability to afford them shelter, aid and comfort. Hereafter there will be no occasion for filial wanderings.

The little schools who endeavor to make up for paucity of students by adding to the roll of professors, (and some of them positively exhaust the graduating class of one session to make up a Faculty for the next,) are jubilating over certain action of a, so called, Teacher's Convention, which seemingly gave them warrant for their doings; but the profession understand the "dodge," and will not be deceived.

The great schools of the country propose to regulate their internal affairs in their own way. They propose to be in advance in the *practical*, and to leave the dreams of theorists to prove their nothingness by results.

They propose to teach adult *men*, who crowd their halls, *for a purpose* as men, and not like idle school-boys, whining over their tasks.

To its Alumni, of whom "RUSH" is proud, "*Greeting!*"

A Chapter about the Books.

AITKEN'S PRACTICE.—This is a magnificent work, valuable on account of the extent of its compilations and the amount of its original matter. The additions made to the American edition by Dr. Clymer, are large and valuable. It is not sufficient to say that it should be in every physician's library. It should be read *con amore* until its contents are thoroughly received and digested. The editor has taken great pleasure in recommending it as a text-book for his department in Rush Med. College.

OBSTETRICS; the Science and Art. By Charles D. Meigs, M.D., &c.—*Clarum et venerabile nomen!* The fifth and revised edition of this delightfully written and printed work is before us. It is another evidence that the American people have learned to read American books. We do not propose to "carry coals to Newcastle" in again recommending it to our readers.

PRACTICAL DISSECTIONS. By Hodge's (*vid.* p. 226 Journal), Second and revised edition. The best practical guide to the student of anatomy yet published.

INHALATIONS: by Da Costa. Full and complete instructions and suggestions by the well known and accomplished author, in the use of anatomized fluids etc., in Respiratory Diseases. An excellent monograph.

THE INDIGESTIONS by THOS. K. CHAMBERS. Whatever Dr. Chambers writes is worth buying and reading. Of course, this is a good book. No practitioner of the present time has any right to omit perusal of Dr. Chambers' writings. The JOURNAL wishes he would write a systematic work on *Practice*. The present work is clear, practical, and satisfactory. We place it among leading works of study and reference.

WHY NOT? A book for every woman, prize essay etc., H. R. STORER. A book which should be put into the hands of every woman who applies to a physician to have an abortion

procured. A book which should be put into the hands of no other woman. A book worthy of being read and "whose failings lean towards virtue's side." A book which amid an ocean of twaddle on the subject, really has some value. A book which we should no more think of recommending for indiscriminate perusal by women, than to put treatises on preternatural labors into a nunnery.

REPORT ON EPIDEMIC CHOLERA in the Army of the United States in the year 1866. "Circular No. 5."

Our thanks are due to Surgeon-General Barnes for this valuable contributiion to the literature of Cholera. The report is submitted to the Department by the indefatigable, and always reliable, Brevet Lt. Col. J. J. Woodward, Assistant Surgeon United States Army.

The subordinate report by A. A. Surgeon B. F. Craig, on Disinfecting Agents is worthy of especial mention. We should reproduce it in full did space permit. As Prof. Blaney has promised us a paper on this subject at an early date and possibly for the present number of the JOURNAL, we the less regret this inability.

We are happy in the belief that by no class of officials in the world is medical science, as a whole, being more decidedly advanced than by the Medical Staff of the U. S. Army. It is a luxury to peruse the broad quarto pages on which their communications find publicity, and greater still to feel meanwhile that the mind is being fed with solid food.

WATSON ABRIDGED, (JOURNAL p. 227). An abridgement we thoroughly approve. Let students buy this: Flint on Practice, Aitken likewise, and then sandwich in Chambers', Bennett and a few of the best treatises extant on Physiology, and they will not go far astray in practice, provided, they have learned how to think on medical subjects, which, after all, is the real object of the course of medical pupillage.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE. A handy-book for students and practitioners. By Henry Hartshorne, M.D., etc. Philadelphia: Henry C. Lea. 1867.

NOTES ON THE ORIGIN, NATURE, PREVENTION AND TREATMENT OF ASIATIC CHOLERA. By JOHN C. PETERS, M.D. Second edition with an appendix. New York: D. Van Nostrand, 192 Broadway. 1867. pp. 200. This work was noticed at length in the Oct. number of last year. We are pleased to find that it has been so well appreciated by the profession. For sale by W. B. Keen & Co.

ERICHSEN ON NERVOUS INJURIES. HENRY C. LEA, Philadelphia. 1867. pp. 103.

The latter of these books refers principally to railway injuries, the former to those of every variety. Aside from their interest to the general practitioner, they will be read with peculiar interest by the medical witness. Malingering in these cases has been reduced to a system in these days. It is safe to say that of a hundred persons on a railway at the time of a collision, one at least will claim damages for injury of the spine. The thing has grown to be one of the *opprobria medicorum*. Recoveries are unprofessionally rapid after a favorable verdict. Nevertheless the fancied obscurity of the subject is vastly cleared up, by a modicum of common sense applied to the facts. Let each for himself read, ponder, and understand.

PHYSIOLOGY OF THE HEART. A Lecture By CLAUDE BERNARD. Translated By J. S. MOREL, M.D., Savannah, Georgia. Purse & Son, Savannah. 1867. pp. 47. From the Translator.

Our thanks are due to Dr. Morel for this very interesting and valuable pamphlet. Its typography and illustrations do credit to the publishers, and the translator has performed his part of the work excellently. The tracings of the pulsations of the heart by the Cardiagraphic, or Sphygmographic apparatus of Mr. Marey, are well designed. The tracings are given of pulsations of the rabbit, frog, tortoise, etc. The development of the heart is closely studied, and its innervation mapped out. The lecture is invaluable to those who seek light in this important physiological topic.

INJURIES OF THE SPINE; with an Analysis of nearly four hundred cases. ASHURST, (JOURNAL p. 227). J. B. LIPPINCOTT & Co.

Death of Dr. Hunt.

Our gifted, amiable and excellent contributor, R. P. HUNT, M.D., has met with sudden death. It is supposed that while sitting at an open window in his office, he dropped asleep, and fell into the area below. The accident was not discovered until the following morning. Dr. H. was a gentleman of rare culture, extensive observation, and large professional acquirements. Our own acquaintance had been brief, but sufficient to enable us to fully accept the testimonial to his memory, which we extract from the Louisville *Journal:*

"Many of our citizens were startled yesterday by the sad news of the sudden death of Dr. R. P. Hunt, in Chicago, where he had been sojourning for some months. He was well known to our people—to many personally, and to all by reputation.

"Dr. Hunt was born in Lexington. He was of one of the best families in the country—best in the best sense of the word best. He received a fine classical and medical education, but, possessing large wealth, he was never, we believe, a candidate for medical practice. He devoted much time to literature, to solid reading, and to the pleasures of friendship. He was one of the most delightful and fascinating of companions. He had all the social qualities in an eminent degree, and shone in every high circle. He was open, sincere, just, generous, warm-hearted, and chivalric. Toward all, of every respectable position, he always exhibited the most knightly courtesy. He was a gentleman by nature and education, polished to the highest degree of refinement and elegance by constant intercourse with the best portion of the world. His manners were those of a Paladin, and his thoughts and feelings corresponded with them. He was noble without being aristocratic. He was charitable to faults, but his scorn of all things mean and low was, although calm, intensely bitter.

"Dr. Hunt leaves a wife and child, the latter the lovely and delicate bud of an immortal flower, and the former known throughout all the country for her beauty, her goodness, and her accomplishments. Alas, that the sympathies of friends have so little power to soothe the distressed."

Obituary of Dr. Geo. K. Amerman.

Notice of the death of Dr. Amerman, resolutions of respect, condolence, etc., were in type for this No., but excess of matter has crowded the article out in making up the forms. Will appear in next JOURNAL.

Receipts Acknowledged from:

T. A. Pope, $2; A. H. Scott, $1; J. B. Cox, 1; Henry Warm, 2; C. O'Brien, 2; A. Atwood, 2; H. G. Evers, 2; H. Ziesing, $2; J. W. Trueworths, 2; G. N. Jennings, $1; J. Doron, 2; L. B. Brown, 2; T. T. Linn, 2; N. T. Quales, 2; W. D. Morehouse, 2; J. Blount, 2; H. W. Sigworth, 2; H. Durham, 2; J. Seaverns, 2; C. Amos, 2; Charles Bounce, 2; S. Hawley, 2; J. G. Cameron, 2; G. W. Van Zant, 2; H. C. Horton, 2; D. M. Coole, 2; H. T. Fox, 2; B. F. Trull, 2; W. C. Peatt, 2; H. H. Hooker, 2; R. H. Culbertson, 2; M. Bently, 2; S. L. Tyner, 2; Byron Holmes, 1; J. M. Cowen, 2; A. S. Branch, 2; W. E. Peters, J. A. Goldsborry, 2; Thomas Temple, 2; J. A. Clark, 2; J. Cotton, 2; G. M. Chamberlain, 1; J. N. Morris, 2; W. H. St. Clair, 2; C. A. Barnes, 3; W. H. Bright, 2; G. W. Burns, 2; James McCoy, 6; Charles Booth, 2; H. N. Clark, 2; J. Pratt, 2; Charles Kerr, 2; H. Ludington, 2; J. O'Reilly, 5; W. G. Leonard, 2.

(*Continued from page 352.*)

several trials, pierced the stricture, located on the bulbous portion of the urethra. There it was pinched and could go no farther. Then, the bougie withdrawn, the patient passed about a cupful of urine, with great difficulty and in scattering drops. The bougie was then reintroduced, left for fifteen minutes, and then urination, like the previous, again took place. Cataplasms were ordered for the lower belly and perineum, and in the evening the patient was somewhat relieved, and passed, by drops, about a half glass of urine; the bougie was reintroduced. He objected to an operation.

2d Dec. The same bougie introduced twice during the day; the micturition easier; the bladder sensibly emptied, and occupying only two-thirds of the space between the pubis and umbilicus; sometimes the jet is continuous, but filiform. The urine, however, passes involuntarily in the bed.

Dec. 3d. During the night a chill. We left the patient quiet.

Dec. 10th. No more chills. The urine is sufficient. There is no complaint of the bladder, and when the desire to urinate occurs, the passage of a few drops gives relief; still dullness on percussion continues over the pubis, there is no fever, the skin is moist and even sweaty. His appetite is gone, a little weak tea (*tisane*) is his only diet; food is disgusting to him. His lips are swollen, and salivation is abundant. An examination revealed great swelling of the entire mucous membrane, which was covered by a pultaceous layer, surrounded by a red circle, and the parts are very painful.

A portion of chlorate of potash as a gargle, and honey of roses, with chlorhydric acid as a collutorium, are needed.

Dec. 11th. By the endoscope, we reached the retracted part of the mucous membrane. It was of a mother of pearl white. In its centre there was a small red point, the opening into the coarctation, very free by the passage of a sound.

The following day the dilatation was continued; Nos. 6, 7, and 8 bougies were used. An erysipelatous phlegmon of the right eyelid occurred and was cured. The patient, however,

was always broken down in spirits, and suffering; nevertheless, he passed sufficient urine to keep the bladder more or less free.

1863, Jan. During this month, the condition of the patient did not improve, on account of the difficulty offered the treatment, much by the coarctation, which would only admit a filiform bougie (say from two to four-fifths of a line), and by the indocility of the patient.

Feb. 3d. The elastic bougies were replaced by the finest of Béniqué's sounds, and gradual dilatation permitted the introduction of No. 35.

Twice, during the month of February, the patient was taken with chills, as at the commencement of the attack, and which yielded to quinine.

The general condition of the patient is bad, the feebleness extreme, there is no appetite, the stools are diarrhœic in their character, so much so, that at the end of February the local treatment had to be suspended to prevent a return of the fever.

March 10th. The coarctation is so great that bougies of the elastic gum, used early in January, have not been able to penetrate the bladder. In this first effort we have sometimes been compelled to leave the bougie in front of the retraction. The next day, they cleared it, and gradual dilatation was recommenced with the sounds of Béniqué.

March 17th. No. 32 has been reached, but then the patient executes his threat, many times repeated, and demands his exit from the hospital.

March 21st. He comes to the consultation, and begs to be permitted to reënter the wards. The stricture is so much reproduced, that the most fine bougies will not penetrate.

April 3d. Urethrotomy is practised by aid of the endoscope. This operation presents no difficulty, and is not accompanied with any hemmorrhage; an elastic sound, of medium size, is immediately introduced and fixed in the canal. During the day, the patient withdrew the sound, and no further accidents were presented.

On the morrow, dilatation, or, rather, separation of the lips of the urethral wound, is easily continued.

From this time, his strength, appetite, and a better color of the stools, all unexpected, are evident, and, at the same time, the urethra remains sufficiently dilated without daily catheterism.

April 20th. The patient wishes to go to Vincennes, the general condition is not changed and is very satisfactory. The local condition may be appreciated by the fact that, at the time of his departure, a sound No. 41 penetrated the bladder without difficulty.

We have already said that strictures once formed are rarely cured without danger of a relapse; a like cure is almost impossible if the period of granular urethritis is once passed. Relapse, in such cases, is slow to occur; the cure generally lasts for some years; and to keep it up, it is only necessary to pass, at long intervals, a large-sized bougie. On the contrary, when the fibrous retraction occurs, a few days, as in the preceding observation, or a few weeks will suffice to reproduce it after dilatation, and each day, thus to speak, the patient should be sounded. Thus, this is not, properly speaking, a disease threatening a relapse, but one that never cures, and condemns the patient to continual treatment. The first condition is supportable, this is not: and, moreover, when the patient willingly submits himself to it, circumstances of some kind, an intercurrent affection, or some other, occur to compel the cessation of treatment, and then the disease assumes the mastery. It thus becomes necessary to find some more efficacious treatment. To this end, rapid dilatation, cauterization, incision, and excision have been proposed. Of all these means, excision alone is retained. In sudden dilatation, two effects may happen, there is either simple dilatation and a relapse comes on, as after slow dilatation; else there is a tearing of the tissue, and in such case the danger is as great, if not greater, than after urethrotomy. You may recollect a patient, brought here some months since. The next day quick dilatation was resorted to by the inventor of an ingenious instrument; a large urinous phlegmon was the result, and also gangrenous eschars. The patient died in two or three days after entering the hospital.

I have but little to say upon the subject of cauterization as a

means of radical cure of coarctation, or of reëstablishing the canal by destroying the new tissues, when the obstacle cannot be passed. I will not repeat all of the opprobrium justly assigned it; one will be sufficient. If it destroys the morbid formation, it is only to replace it by another, more retractile. I do not now call to mind one of my colleagues who is a partisan of so irrational a means. Several times have I encountered the victims of this operation, and never have I seen strictures more difficult to treat, and more rebellious. In all of them the cauterization left them worse than when in the primitive state.

I also throw aside excisions, notwithstanding the injurious inventions to which they owe their birth. They are especially addressed to hypothetical lesions, to very thin valves, the existence of which is not proved, and which must be very rare, in any and every case. This has never assumed a scientific status.

Incision remains to be discussed. As you know, there are two methods by which it may be practiced:—In one, all the parts, from the skin to the urethra, are traversed, this is *external urethrotomy;* in the other, the tissues forming the retraction are cut by instruments introduced into the canal, this is *internal urethrotomy.*

For the first, there are two processes:—It can be performed by directing a cutting instrument upon a conductor; or else in seeking the canal through the soft parts without a conductor. In the first case, it is necessary that the stricture will admit of the introduction of a catheter, whence dilatation is commenced, so that its passage is made possible; and in such case, internal urethrotomy may be performed in the ordinary manner, and with less danger and pain. True, it has been stated that the cures of external urethrotomy are more durable; others, however, have denied this result, and for my part, in two cases in which I have performed this operation, the relapse was not long in taking place; so to speak, it occurred at the same time as the healing of the perineal wound. In a third case, operated upon by one of my colleagues, I was forced to perform the operation of internal urethrotomy for the purpose of removing a coarctation produced immediately after an external urethrotomy

had been made. These three examples have been sufficient to debar me from performing this operation.

But external urethrotomy is an operation sometimes necessary, and one which should not be rejected, for it may happen to be the only resource left when all others have failed; it is, however, dangerous, difficult, and, what is worse, uncertain, as you have seen by my observations, when it was tried by a surgeon, who, despite his ability, could not terminate the operation. I thus am forced to believe that one of the greatest merits of the endoscope will often be to replace external urethrotomy, by a process but slightly dangerous.

Now let us turn our attention to internal urethrotomy. Its advantages are calculated to procure a more prompt and certain cure, to afford less chance of relapse, much less severe, in substituting upon the retracted part, a somewhat retractile tissue, for one thick, hard, inodular, and difficult of retracticity. Thus you see that this method should not be resorted to, except in the last stages of coarctation, for inodular retractions.

The modes of internal urethrotomy are, naturally, divided into two, incision from front to rear, and its reverse; let us add a third, endoscopic urethrotomy, the principles of which are different, and which present many special advantages.

To incise a retraction from behind forwards, it is necessary to pass an instrument sufficiently large, and one which is brought forward after the passage of the blade previously concealed. This cannot be used save in coarctations of a certain size, or where dilatation has been effected to a certain extent, of which the length or extent, and accidents found at the commencement of the cure, are not avoided by this method. It does not serve to render the cure quicker, but only more certain. It has been preferred until the incision from front to rear, made by sure instruments, such as those of MM. Sédillat and Maisaneve, made the operation sure. The last instrument you have seen me employ, and you can judge of its excellencies.

It will be of great service; it can act upon very restricted coarctations, and, consequently, without previous preparation in many cases, thanks to the size of it. It requires a conductor,

and in some cases, where the opening cannot be found, a long search may be necessary. Small as may be the passage it requires, that passage requires preparation, and this is the most difficult and the longest treatment of the most decided coarctations. Be the treatment what it may, a conductor must be first passed, and often, so as to prepare the passage. The endoscope alone enables us to decide if other instruments will permit us to diagnose correctly. No other method furnishes a certain means of recognizing the disposition of the obstacle. No other process furnishes any means of surely knowing the situation of the obstacle, and, consequently, of judging upon which side it is best to turn the cutting edge of the instrument, whence it often happens, if the accidental tissue only occupies one side of the canal, the incision is made upon the healthy portion. Now, I think it best to cut, in such cases, the diseased parts; they are less sensitive, less vascular, less disposed to immediate adhesion; on this account, I always attack the thickest part for the purpose of making the incision, and, possibly, owing to a strict adherence to this rule, I may owe my success, never having had a serious accident from twenty cases of endoscopic urethrotomy. Before speaking of the advantages possessed by these means, I will describe to you the way of employing them:—

The instruments (uréthrotomes) which I employ are simple probe-pointed bistouries, with a cutting edge of about four lines, the blade small and thin (délié), and in a handle bent at an angle in the stylet I have already described. Having vision to aid us, it is not necessary to employ the same means required by like instruments to conduct the cutting edge and to protect the healthy parts from their action, as without the endoscopic aid. It is necessary to have urethrotomes of two kinds, one with the cutting edge below the handle, the other with the cutting edge above and opposed to the handle. The button or probe point should be no larger than that on the stylet.

Before incising, the opening must be found by means of a stylet, as previously said; then the stylet being withdrawn, the urethrotome is passed to the previously recognized orifice. Once there, by gentle pressure, not by jerks and thrusts, the

instrument readily and easily passes. If the passage is tortuous, its cutting edge acting on the more salient points, it makes its own way. Once introduced entirely through the extent of the obstacle, we withdraw it, pressing slightly so that the blade may completely divide the inodular tissue; this done, no more pressure must be used.

If it becomes necessary to reintroduce the instrument, to make a new incision, or to enlarge the previous one, press it towards it back, so that its probe point, in passing the wound, cannot pass from the bounds of the urethra.

Formerly, I made two, and sometimes four incisions; recognizing the futility of this, I now never make but one. When I see two inodular masses at the end of the instrument, I may deem it necessary to divide both.

When we see masses or fibrous filaments at any one point, towards this point the cutting edge must be turned, and we should endeavor to completely divide the pathological structure. If nothing indicates the side to be cut, I choose the upper part of the canal, for, upon this surface, there are less dangers, as Reybard remarks, and, besides, should it become necessary to again operate, there is less chance of the urethrotome passing through the wound, and less danger if it does.

The incision thus made is not very painful; it is slightly, if at all so, when the tissue is inodular. It is also a fact, that in such cases little or no blood is lost, and what is may be promptly arrested.

The only accident I have yet seen, as a consequence of urethrotomy, is an access of intermitting fever, and this I have never found, save in such cases where it had been induced by previous catheterism; so, when compelled to operate upon a patient previously thus affected, I order to be given in the morning, 11½ grains (*60 centigrammes*) of the sulphate of quinine, and 10 drops of laudanum in an infusion of valerian, all by injection. By this treatment, but one accident has supervened, and this though nothing else has been done to prevent a recurrence. There is a curious fact connected with this urethral fever. At certain times, almost all patients sounded are at-

tacked; at others, scarcely any are affected; so it seems to be under epidemic influence, and is genarally most common when intermittents otherwise prevail. In our wards last year, for several months, intermittent affections prevailed, they attacked, indifferently, patients affected in all sorts of ways, fractures, contusions, white-swelling (*tumour blanch*), ophthalmia, etc. The form assumed was sometimes neuralgic, then febrile accesses of fever, generally of the quotidian type, rarely tertian. Whilst this epidemic lasted, the urethral fever affected almost all who had a retention of urine; after urethrotomy, after simple catheterism, after any violent effort to expel the urine, an access would occur. I could, however, continue the treatment, aided by the effect of the quinine, the action of which seemed to be as powerful in such cases as in marsh fever.

As to the care given after an operation, I introduce, immediately after the incision, a large-sized sound, not sufficiently to distend the cut violently, but large enough to keep the incision open, and also to give issue to the urine. I am well aware that some surgeons object to a permanent sound in the urethra, and accuse it of many accidents. So far as I am concerned, I have not observed them. I, moreover, think too much importance has been given to such cases; the resting sound, in such cases, does not seem to me to exert so much influence as is generally attributed to it; it neither possesses the merit some ascribe to it, nor the dangers expected by others; suffice it to say it is painful and its presence inconveniences the sick person, I do not, therefore employ it.

I generally withdraw the sound on the fourth or fifth day; then I complete the cure by the metallic bougies of Béniqué. These bougies are not well adapted to general dilatation, but they seem to act especially upon the affected point.

Urethrotomy, effected by means of the endoscope, partakes of the advantages of the other processes, it has also its peculiar advantages. Like the other treatments, it may cause a radical cure, but more time is necessary after dilatation. There is reason why I should insist upon urethrotomy, a single case that I will shortly report, will fully exemplify that, in certain cases,

dilatation affords but temporary relief, whilst incision alone produces a cure.

Endoscopic urethrotomy is preferable to all other means in this, it shortens the treatment, as it does not necessitate any treatment of a preliminary kind to pass the coarctation, and in itself furnishes the means to go through the obstacle, while the methods aiming to act from rear to front require, first, the introduction of a conductor; at the same time, this method enables us to see exactly the position of the stricture, and, of necessity, to properly direct the cutting blade. We have already seen that the endoscope often enables us to decide if urethrotomy is necessary, and to be certain of the fact.

Really, the greatest advantage of this method is, that it furnishes a means to overcome an obstacle, rebellious to all other means. I am convinced, and think you are, that the endoscope will often enable us to discover coarctations, and to practice immediate urethrotomy, in cases where other means would not only require time, but might fail entirely. The endoscope may render unnecessary, or, at least, the necessity very rare, for the puncture of the bladder and external urethrotomy without a conductor.

The following cases, in addition to those due to M. Civiale, will suffice, I think, to demonstrate the advantages of the new method. It is necessary to state that, in several of these cases, the stricture could not be passed by ordinary means, and, consequently, intra-urethral incision could only be used by means of the endoscope.

Stricture of the Urethra.—Catheterism, by Ordinary Means, Impossible.—Endoscopic Urethrotomy.—Cure.

On the 22d of February, 1863, Charles F., 34 years of age, a mechanician, married, came to Necker Hospital.

This man was of a vigorous constitution; as to anterior affections of the urinary passages, he only admits of a slight blennorrhagia, contracted fourteen years previously, and cured in a few days without sequences.

The actual disease was caused by a traumatic effect. In

February, 1862, the man stumbled and fell from half a yard (*demi metre*) in height, upon a bar of iron, striking heavily upon his perineum. Spite of this, he continued his work, but soon the pain became so great that he was compelled to go home. There was weight in the perineum and anxiety to urinate, an anxiety that could not be obeyed. A physician was called, introduced a catheter, and brought off clots of blood. For some days, the sound was introduced from time to time, then its use was suspended, the patient urinating with facility.

The cure seemed complete, there only remained slight pain near the bulb; but in four or five months micturition became painful; the stream diminished daily; and in September, the water passed only by drops.

M. Chaudemont was consulted. He tried, with failure, to introduce bougies, and ultimately recommended external urethrotomy, a process rejected by the patient. Soon the patient, ever tormented with dysuria, went again to M. Chaudemont. Catheterism could not be performed then. After a month of fruitless efforts, M. Chaudemont sent him to me. I several times attempted to introduce the bougie, with like success, or the want of it.

In the first and second explorations of the endoscope, I found the orifice in the bulbous portion, and, on consultation, M. Chaudemont and myself concluded, if another examination was not more happy, an external urethrotomy made by this able surgeon, without a conductor would be necessary, an operation to be practised by him.

So, on the 28th February, a third exploration exhibited, in an irregular surface, mammelonoid of the dead white of coarctation, with restricted orifice at the left inferior part of the urethra. The orifice was much contracted, and I substituted for the former treatment the whalebone bougie, which I left in place, withdrawing the endoscope. The following day, a very fine bougie could be introduced in the ordinary way.

On the 5th March, the pain forced a cessation of any attempt at catheterism.

March 8th. Aftet a renewed and fruitless attempt at cathe-

terism, urethrotomy was decided on. By aid of the endoscope, I passed a stylet, introduced an urethrotome, and completely divided the inodular tissue, above and to the right, in its densest part. But few drops were lost. An elastic sound No. 13, was then introduced, to remain some time.

Up to the 13th March, the sound was retained without any accident; then it was withdrawn, and a No. 34 Béniqué bougie introduced. Gradually, the size of the bougie was increased; at the end of eight days, No. 54 (*plus de 8 millimetres de diameter*), say three and one-fifth lines English measure, passed readily. The patient having educated himself to pass the sound and his urine readily passing, left the hospital, recommended, however, to occasionally introduce a bougie of large size.

Stricture of the Urethra without Previous Dilatation.

T., aged 60 years, a shoemaker and married, was in the Necker Hospital.

This man had been a soldier, and, naturally, addicted to women and wine. When 21 years of age, he contracted his first blennorrhagia, and entered a hospital at Strasbourg, there he was treated by lotions and injections. Two years after, he had a second. He went into a Montpelier hospital, staid there about a month, and left without being cured. The discharge continued for some four months, abundant, accompanied by long and painful erections; he made no change in his habits, as regards coition and the imbibing of alcoholic drinks; he thought he could cure the disease by these excesses. There was neither chancre nor bubo. He kept up, and does still, this mode of life. He has had clap, he knows not how long, and may even have it now. Whenever he drinks too much, urination is difficult, and a white drop appears at the meatus before the urinary emission; little by little, the difficulty of micturition becomes permanently established. In 1849, he entered the hospital at Brest, where he learned to sound himself, and whenever urination became difficult he introduced the sound himself. After that, micturition was easier, but he was not sure that the bougie entered the bladder.

It is now several years since the stricture has reached its present point, that is to say, the man cannot hold his urine when the desire to pass it seizes him; he cannot stop, once its flow has commenced; there is no pain in this, no great effort, but its duration is more or less long; the jet is very fine, sometimes bifurcated, one portion being projected, ejaculated, whilst the other follows vertically. The ejaculation is always made normally. For three years, his condition has been the same.

Upon his entry into the hospital, I attempted to pass bougies Nos. 6, 5, 4, but ineffectually; they could not clear a first coarctation in the spongy portion, but were arrested under the symphysis. Large wax bougies were introduced up to this point; the patient retained them as long as possible, and from them he experienced relief; he urinated more easily, but since the catheterism experiences almost constant pain in the gland; drops of blood flowed from the meatus on the withdrawal of the bougie. During the day, the urethragia continued, his shirt was blood spotted, and, squeezing the urethra, drops would appear.

26th Feb. Every day a large bougie was introduced and moved back and forth (à frottement) in the spongy portion. This day, an endoscopic examination was made. The tube passed up to the second retraction, demonstrated a very contracted condition, so much so that the stylet nor a whalebone bougie could pass, save by the point into the orifice; the bougie was left in place; a considerable discharge of blood occurred upon the withdrawal of the instrument; the blood must have come from the first stricture, for the second was seen to be fibrous and not vascular; no blood was seen to come from it. All day the blood flowed drop by drop.

Injections were ordered, say 17.434 Troy grains (5 grammes) of the perchloride of iron in 3086.800 parts of water (200 grammes). In the evening he complained of chilliness, turkey flesh feeling (chair de poule), and headache.

During the month of March he was left quiet, the injections were continued on account of a slight muco-sanguineous discharge, which persisted and was increased by each exploration.

3d April. This day, the patient being in good condition, the stricture was cut. The tube was put in place, a bistoury with a superior cutting edge was introduced, and two superior incisions made upward, one to the right the other to the left, the discharge of blood and the pain were but slight. A sound of large size was introduced readily into the bladder and there fixed, with but little pain and no chills. The evening was comfortably passed, with some muco-sanguineous discharge between the borders of the meatus and of the sound.

5th April. All goes well, the patient scarcely feels the effects of the operation. The sound is withdrawn; urination is facile.

April 6th. He complains of lively pains at the meatus, increased by the passage of urine, slightly difficult at this point. There is some œdema of the bridle and, in separating the lips of the orifice, a small patch of herpetic vesicles. They were cauterized by the nitrate of silver.

8th April. The pain is calmed, and there is a renewal of the cauterization.

9th April. He urinates well; a bougie of Béniquĕ, No. 39, is easily introduced into the bladder.

10th April. Exit.

Coarctation of the Bulbous Portion.—Ordinary Catheterism Impossible.—Endoscopic Urethrotomy.

B. (Désiré), 50 years of age, married, and a house porter.

This man, pale, thin, of a feeble and lymphatic constitution, easily worn out by work and prolonged vigils, had never been guilty of any excess. When 31 years of age, a few days after sexual intercourse, a tumor, the size of a pullet's egg, formed in his right groin. It was red and painful, did not suppurate, and continued for two weeks without preventing work, and that too without either chancre or discharge. He continued to lead an irregular life. Four years since, for the first and last time, he experienced a slight blennorrhagic discharge, a little painful, and one curing itself in from fifteen to twenty days, and that without treatment.

He found himself well until three or four months since, when

he perceived his urinary jet slow and very short. Little by little, he was obliged, during the night, to discharge his urine every two hours, with but little at a time, and that voided with difficulty. On the 31st December, after a slight excess, that is, a cup of coffee and a half bottle of wine, urinating became impossible; he also experienced much suffering through the length of the penis and in the perineum, and was forced to keep abed. The pain increased with the mictatory efforts.

When he entered the hospital, 8th January, 1862, the patient suffered somewhat; there was a bearing down weight, also lassitude in the perineum; micturition took place either as a thin thread, or else drop by drop.

Catheterism showed a coarctation near the bulbous part. Bougie No. 4 penetrated it and then rested, pinched by its point. In the perineum, a tolerably hard nodosity was felt.

An endoscopic examination showed a stricture, into which the stylet might be introduced, and upon its left wall an ulceration giving issue to some blood. The catheterism gave rise to no accident.

11th Jan. A No. 3 bougie will not penetrate, it comes out twisted and bent upon itself.

16th. Every attempt to introduce the same bougie is fruitless. With the endoscope, the stylet was introduced, and then the whalebone bougie, which was fixed in the retracted part, the patient to retain it until the desire to urinate was felt.

17th. Yesterday, after having withdrawn the bougie, the patient could urinate more readily, in fact, there was a great amelioration; but in the morning the retraction returned, and at the same point. The bougie could, however, enter and remain, pinched at its point. In the evening, the patient said he was able, during the day, to pass it entirely.

22d. Endoscopic examination. Introduction of the whalebone bougie, well protected (bougie de balein gardér), for two hours. The patient does not suffer, the urinal jet is more easy, but scattering.

23d. The endoscopic sound was introduced up to the retracted point; at this point a bistoury was inserted, and the

indurated tissues, in all of their superior surface, divided. The discharge of blood was but little. Immediately after, a No. 20 sound could pass; it was stopped by an obstacle beyond the prostate, but ultimately reached the bladder. The urine freely flowed, the subject was relieved, though, as a result of the operation, he was chilly, and, with a feeling of faintness, returned to his bed. Cataplasms were applied to the lower abdomen and to the perineum. Soon, heat and good feeling sensations reappeared. A conditional injection of sulphate of quinine was prescribed. In the evening, the patient was in good condition, had urinated well, suffered but little, had no chills, and was in a state of gentle moisture. The injection was not given.

24th. Same satisfactory condition. The sound remains in place.

25th. Doing well in the morning. Going twice, during the day, to the privy, was seized with a violent chill of about two hours duration, and followed by fever, sweating, indisposition, prostration, and headache. Ordered the following enema:—℞. Valerian 2 gram. (say grs. 80¼), quin. sulph. 50 centgram. (grs. 8), camphor 2 gram. (grs. 80¼), Laudanum of Rousseau gtt. 10

27th The patient has done well these two days past, suffering but little, with neither chills nor fever. The sound is withdrawn; the discharge is sero-purulent.

28th. The patient urinates easily, and, according to him, with a larger jet than ever before; he might be considered cured, were it not for a slight muco-purulent discharge, and still some pain during, but especially after, micturition.

3d Feb. A bougie of white metal, No. 28, (equal to Carrière's 21,) was passed into the bladder.

4th. Bougie 29

13th. The same bougie introduced each morning, and retained for an instant. An endoscopic examination reveals no cicatrices from the incisions. The condition, general and local, is excellent.

14th. Discharged.

Stricture of the Spongy Portion of the Urethra.

P. (John), aged 42 years, a shoemaker by trade, married, and in the Necker Hospital.

This man is of good constitution, and has never been sick. At the age of 21, he had an intense blennorrhagia, which appeared after nine days' incubation. He was accustomed to drink largely of beer and wine, without, however, committing many excesses, and exercised himself as a baker, which fatigued him much. He did not change his habits and used no treatment but tisanes; the discharge was abundant, the pains severe, the nights tormented by prolonged erections. Three weeks after, not yet cured, he had new intercourse with women, and renewed them oftener twice than once a week. He also opened a wine store, which did not tend to prevent his drinking. One year after its commencement, the discharge was still abundant. During the second year, it diminished little by little, and existed only in the form of a drop of pus, which he forced out in the morning. This, too, soon left of itself, though he gave up neither wine nor women. He then passed fifteen years without inconvenience. In 1857, he perceived, for the first time, after a slight debauch, that it was difficult for him to urinate, the stream was small, and only voided by great effort. The following days the micturition was more facile, but after every excess, say on an average each eight days, there was a new retention. He consulted a physician, who, fruitlessly, attempted to pass bougies into the bladder, and had caused but little relief; the dysuria increased with each and every excess. The ejaculation was with difficulty made, and meantime the sperm flowed like saliva. During the past two months, these last symptoms are especially manifest. The retention of urine is more complete and accompanied by acute pain. The urine only passes in a fine jet, and that falling perpendicularly, and sometimes in a spiral formation. His general health becoming affected, he concluded, by the advice of his physician, to enter the hospital.

4th Jan. A large sound was introduced into the urethra, it passed along the spongy portion, but was checked at the junction of the bulbous and membranous parts; it caused to project

SUPPLEMENT.

RUSH MEDICAL COLLEGE.

LAYING THE CORNER-STONE—IMPRESSIVE MASONIC CEREMONIES—ORATION BY PAST GRAND MASTER J. ADAMS ALLEN.

Monday afternoon, May 27th, at four o'clock, the corner-stone of the new building for the Rush Medical College, corner of Dearborn and Indiana streets, was duly laid amid most impressive Masonic ceremonies. Representatives of the Apollo and Chicago Commanderies of the Knights Templar were present, and also the Masters and Wardens of most of the Chicago Masonic Lodges. The Grand Lodge was fully represented.

Prayer was offered by the Worthy Grand Chaplain, Rev. O. H. Tiffany.

The exercises were inaugurated by Worshipful Master, J. W. Clyde, of Oriental Lodge, who briefly explained the objects of the meeting.

The appropriate officers then, with their jewels of office, tried the stone, and reported it to be correctly formed, the workmen having properly performed their labors.

Oil, wine, and wheat was next scattered upon the stone, when several articles were placed in the cavity and the work formally concluded.

CONTENTS OF THE CORNER-STONE.

The following is a list of the articles placed in the copper box, deposited in the cavity beneath the corner-stone:

Charter of the College.

Names of the present Board of Trustees, the Faculty, and Alumni.

Epitome of College history.

Description of new building, and names of architect and contractors.

Code of medical ethics.

Constitution and by-laws of Illinois State Medical Society.

Twelfth annual report of the Chicago Board of Education.

Last annual report of the Board of Trade.

Daily papers of Chicago.

Regulations, etc., of the Marine Hospital.

Reports of St. Luke's Hospital, Chicago Eye and Ear Infirmary, and Hospital for Women and Children.

Board of Health papers.

Chicago *Medical Journal.*

American Journal of Medical Sciences.

Chicago *Medical Examiner.*

Pamphlet copy of the *Catholic World.*

Fractional currency and Federal coins.

Last City Directory, (Bailey's.)

Tourists' Guide of City of Chicago, (Goodsell's.)

Photograph and Biography of Dr. Brainard, deceased.

Photographs of the Faculty of the College.

Photograph of W. W. Boyington, Architect.

Upon the conclusion of the ceremony of laying the corner-stone, the Worshipful Master introduced to the assemblage

HON. WILLIAM B. OGDEN.

Mr. Ogden said, that in the absence of the President of the College, he appeared as Chairman of the Board of Trustees to thank the Masons for their performance of the ceremonial duties of the occasion, and the people for their attendance. In a pleasing manner he spoke of the rapid growth of the city during his residence here. Thirty-two years ago he had felled timber near the very site they were now occupying; then the red man's wigwam could be seen in the city; now the forests had disappeared, the red man had gone away, and institutions of wealth and learning could be seen on every hand. The citizens of Chicago have much to be grateful for and proud of.

In conclusion, Mr. Ogden introduced Prof. DeLaskie Miller, who spoke as follows:

HISTORY OF THE COLLEGE.

Fellow-citizens: We have assembled at this place this afternoon, not to inaugurate an entirely new enterprise, or to reanimate an unsuccessful experiment, but to witness an interesting ceremony connected with the prosperity of one of the noblest institutions in the land—the laying of the corner-stone of a new edifice, which has become indispensible by the requirements of this city and the vast territory tributary to it.

That this work has become a necessity, which may not be deferred, a few facts will fully substantiate.

The charter of Rush Medical College was obtained in the year 1837. Soon thereafter a Board of Trustees was appointed, who, without much delay, organized a Faculty, fully authorized to teach the science of medicine in all its branches, and confer the Degree of Doctor of Medicine.

The first complete course of lectures was not given, however, till 1843, and then to a class of 22. From that time to the present, full courses of lectures have been given annually, without abatement in any particular, and the last to a class numbering nearly 300. In the grand aggregate, some thousands of yonng men, seeking to qualify themselves to meet the responsibilities incident to our beneficent profession, have sought instruction here. Of this number about 1,000 have received the honors of the institution, and carry with them not only our diploma—the evidence of their attainments—but, better still, the knowledge and ability to cope successfully with disease and medical error in all its specious forms.

Soon after the reörganization of the Faculty—about seven years ago—it became apparent that the accommodations afforded by the old College building would soon become inadequate; and this apprehension has been replaced by demonstration. For during the last three years, the size of the class has been limited only by the capacity of the building, and for this reason numbers have patronized other institutions, who greatly preferred this College, proving that this is no chimerical scheme.

It is the united purpose of those immediately interested in this enterprise, and responsible for its success, that in the fu-

ture, as in the past, the course of Rush Medical College shall be characterized by advancement in all the improvements drawn from the lights of true science; and with our motto—"Excelsior"—our march shall be onward and upward.

I now have the pleasure of introducing Prof. J. Adams Allen, the orator of this occasion.

Dr. Allen then delivered the following

ORATION,

which was listened to throughout with the greatest attention, notwithstanding the fact that the rain was falling steadily all the time:

Officers and Brothers: It is fitting, it is right, that the chief foundation stone of this new structure should be laid with the sober but impressive pomp of ancient Masonic ceremonial.

Architecture, which is but a branch of Masonry, can, like the latter, be considered both as operative and speculative; for the operative completion of the structure but fixes in solid material shape the speculative building, which before existed in all its parts in as distinct perfection, in the mind of the architect.

All the forms of art, indeed, are but the embodiment in material shape of the inner, unseen thought of the artist. Nay, by a higher essay of the truly philosophic mind, it is to be seen that the great globe itself and the universe of worlds are but the visual manifestations of the wondrous idea of the Supreme Architect, expressing itself, (with deep reverence be it spoken,) as one has said, artistically in space.

We turn our eyes upon this our globe, and study its overlying strata stamped with the effigies of dead races of animal and vegetable life—upon its surface, life in action in all its myriad varieties, the ceaseless operation of forces which, as moment succeeds moment, and age follows upon age, by strange paradox, prove uniformity of action, by constancy of mutation. Then we turn the telescope to the far off heavens, and with the waves of light come whisperings from those distant worlds of the wisdom and power of Him who holds the circling spheres in the hollow of His hand, and commands the laws to which all, whether animate or inanimate, material or immaterial, are in

eternal subjection. Out of the silence comes the "still small voice," and nature in repose speaks trumpet-tongued to the hearing ear and the understanding heart. As the philosopher wrote of motion: "Even without change of place it has its force; and bodies big with motion labor to move but stir not, whilst they express an energy beyond our comprehension."

It is fitting, therefore, upon an occasion like this, when we celebrate the laying of this corner-stone amid masses of solid work of operative masonry, to ponder well the thoughts which are to be expressed by this new edifice.

The architect here calls these mineral masses to give body to his thought of fitness, of strength, of durability, of majesty, of proportion, of beauty. Nor doubt we that these shall each find expression around and above this corner-stone—for even now the aid of the pencil has given them visual form—those thoughts even now are immortal, though *he* pass away forever before stone rises upon stone to the last necessary sound of the gavel.

But in this corner-stone we find other thoughts than those of the architect. The work of the operative Mason in shaping this well-squared ashlar from the native rough—a material protest against the rude natural state—is paralleled in speculative Masonry, which at this time, and during all times, is and has been a living protest against savagery, brute force, and especially *ignorance*, which makes that force a thing to be feared. And thus this corner-stone becomes a mile-stone along the route of human progress. Those who have passed beyond, place it here for those who come after.

It has ever been the pride of Masonry, that even during ruder ages, when society was comparatively chaotic, and property and life but the playthings of the strongest arm, its potent influence was always in favor of the "humanities,"—it softened manners and robbed customs of their ferocity. While it laid broad and deep the foundations of castles and cathedrals, of palaces and churches, it also fostered, by its benign influence, the liberal arts and sciences, preserving at least their germs among its arcana, even amid the havoc of revolu-

tions, and the corroding rust of otherwise benighted centuries. And it was this peculiarity which distinguished our ancient craftsmen from the other architects of antiquity. Mere piling of stone upon stone, although deftly arranged, and curiously carved, does not satisfy the Masonic thought. The grandeur of the Coliseum at Rome, with its vast amphitheatric tiers rising in sullen majesty, so that tens of thousands at once could look down upon its central arena, or upon the throne of Vespasian, its proud builder, remains to us but the monument of a barbarous people, when we recollect that in that arena only wild beasts fought, or more savage gladiators were butchered, to make a Roman holiday.

"Ad cædes hominum prisca amphitheatra patebant;
Ut longum discant vivere nostra patent."

Around and above this "WELL FORMED, TRUE, AND TRUSTY" corner-stone, will arise another amphitheatre, devoted to the science and art of prolongng life, and crowning it with its necessary happiness—health.

Time was when individual life was deemed of but little value, for the objects to be gained by its continuance were of little importance. The war or pestilence which thinned the crowded city was looked upon by its rulers as a relief from threatened annoyance. "The Romans," says Plutarch, "always had recourse to war, like good physicians, to expel dangerous humors from the body politic." The pestilence was but a natural outlet for the same.

But in the transition from pristine and mediæval semi-barbarism to the present era, there has been a concurrent advance in the intrinsic value of individual life. *Intrinsic*, for the objects and uses of that life have become more numerous, more important, and more immediately interwoven with the general welfare. As in numbers the integer, though but a unit, expresses not only its own value, but, by position, the relative value of the figures with which it is written, so, the individual is now by no means isolated, but of a use and importance not to be estimated without reference to the entire body of society. The life of the soldier rises in importance with the interests at

stake in the war. The life of the ruler is not a mere personal interest, but may involve the very existence of law and order. The life of the farmer, the manufacturer, the merchant, the artisan, the professional man—each is to be considered, not solely from the numbers engaged in these several pursuits, but from their relation to the general weal. The sum total characterizes the age, illustrates its tendency, and is its part of universal history. Thus intimately are the parts knit and connected in the harmonious frame-work of society. The loss of health or life robs society of that service which would otherwise accrue, whence results gereral loss. The recognition of this fact has been formally made known in the care exercised by Government over armies and navies. Not only have they been provided with the ordinary necessaries of life, but, moreover, extreme pains have been taken that they should be defended against the attacks of disease, which might at once destroy their efficiency. This has been sought by the training and appointment of competent medical attendants. At the present day there is not an army or navy, belonging to any civilized Government, without its regularly appointed corps of scientific medical officers. To facilitate this object still further, most of the prominent Governments have taken care to establish and favor with a fostering influence institutions where the elements of the art preservative of life could be acquired, and hospitals where the highest perfection of its practice could be illustrated. The General Government of this country have so far acknowledged the necessity of this course that they will not admit to the medical corps of either army or navy any but those who have attained a high grade of acquirement in medical science. During the unhappy struggle from which the nation has just emerged, the wisdom of this course, and the great strides in advance which have been made in medical art, have been most notably illustrated by a freedom from disease and mortality heretofore unparalleled in the annals of war.

Thus, by the constituted authorities of all Christendom, it is declared that the preservation of the lives of such of their citizens as are employed in military or naval affairs, is an object of national concern, and should be solicitously regarded.

We might go further than this, and lay it down as an incontrovertible principle, that the citizen in civil life is also entitled to similar care. As men, and not money, are the real sinews of war, so men, and not machinery, are the sinews of peace. While the nation, by its arms of offence and defence, is making itself felt abroad, by its Briarean operatives at home it is, or should be, building up the more permanent framework of moral, intellectual, and material power. The life which lost in the army involves but a temporary deficiency, lost in the ranks of operative effort casts hundred-fold the shadow. The normal condition of society is peace; its unnatural or diseased state is war. War is an accident of external relations; peace is accordance with the law of its existence. It is fitting, therefore, that every well organized Government should scrupulously provide, whether during peace or war, for the preservation of the first of rights to its citizens—the right of life, and its corollary, health. The position is one which contravenes argument, and needs to be but clearly stated to command admission.

Beyond even this, as every individual is to a certain extent the property of the nation, he has no right to sacrifice his own life or health, either directly by his own act or indirectly by maluse of the means for their preservation, no more than to mutilate himself or commit suicide. Common sense and the common law, which should be its mirror, indorse the proposition as tenable. How far this abstract truth should be carried into practical results may be a matter for debate, but the clearly derived inference from this and the preceding propositions is, that the sovereign power of every State is bound by every precept of right, justice, and sound policy to provide its citizens with the best of known means for the preservation of life and the continuance of health.

Unfortunately the peculiar political ideas in ascendancy in this country, from the first organization of the Government down to the present time, have prevented practical acknowledgment of this prime duty, save in rare instances, and even in these to the most limited extent. Government has meddled with (and not unfrequently marred) almost every conceivable

interest but this, which has been left wholly to private enterprise. It has recognized, often liberally, the claims of educational institutions, from the common school to the University, which is well, but it has left uncared for the physical frame of the young and the old alike—so that the former bring small aid to the operative energy of the mass, and the latter fill untimely graves.

The modicum of education afforded in the primary schools is not so immediately designed for the benefit of the individual as for that of society. The public authority provides the means of instruction for public ends. It is better to build school-houses than jails—to pay school-masters than prison wardens and guards.

The same principle holds true with reference to the University course. The high degree of education imparted to the few at the expense of the many, is looked upon by the narrow-minded as an unjust partiality, which is far from the truth. The few, though incidentally individually benefitted, are not thus favored for this object. The grand underlying reason is that knowledge is like water, constantly tending to diffuse itself; and the experience of the world shows that the educated mind constantly tends to awaken the energies, enlarge the perceptions, and correct the waywardness of uneducated mind. An ever widening circle of valuable influence surrounds the former, of which the latter is immediately and largely participant. This is the object sought, and thus it is attained.

The building to be erected around and above this corner-stone is to be devoted to one branch of this higher education. It happens that the individuals who will attend upon the courses of instruction herein to be given will, afterward, make use of their acquirements in the very practical and very prosaic business of getting their daily bread, and in rare, and perhaps fabulous, instances, in securing a credit side to their banker's book. Were this all, it would scarcely seem worth while to call public attention to what would in such case be a mere private enterprise. But those who have this institution under their charge, and by whose personal efforts and sacrifices

this structure is to gain completion, look upon their relations to society with a different eye.

In this age of the world, that which is necessary to be done *is* done, even though not by those whose clear duty it is to perform the work. If Government persists in playing the part of Hercules, and will not come when prayed for to put its broad shoulders to the wheels of progress, the car must move, any way—the wagoners are not content to be perpetually in the mire. Wo be to the unhappy wight, who, thinking otherwise, would block the forward wheels!

A prouder temple than those of olden time erected to Æsculapius and Hygeia, is here to arise, for it will be dedicated to *truth* and *humanity*. Herein the diligent searcher after the true shall be enlightened and increase his lore, while the lover of his fellow man shall find means to alleviate suffering, and cheer with ready sympathy those whose unfortunate lot it is to fall under the sway of disease.

It is not arrogating too much to say that the condition of the science of medicine, in any particular age of the world, is an accurate reflex of the general science of that period. It is the barometer of the time, indicative of the atmosphere of knowledge. If the absurdities and excrescences which have marred its history at times, elicit ridicule and demand contempt, we of the profession are comforted by the reflection, warranted by history, that it is impossible to say anything so absurd that it has not at some period been advanced and defended by philosophers.

Mr. Weller pithily and sententiously remarks, "There is a great deal of human nature among men—especially widders," and we may be pardoned for assuming the same general statement, adding—especially doctors. The devious ways through which medical knowledge has been sought—the stumbling footsteps even of its most earnest students, would be sufficient food for satire, were it not for the primal fact that thus is it ever in the search for truth. Poor human nature always, even in progression, has to tack and veer against the head winds of prejudice and ignorance. "The way of truth," says Milton, "is

plainness and brightness; the darkness and confusion are all our own."

Another great trouble is, that a little truth wrongly interpreted, becomes at once more dangerous than an absolute falsehood. Put a little fragment of truth under a wrong-headed man, and "he gets up into clamor over it as a lame man gets on horseback," to take a beggar's ride—with what kind of result the proverb makes us sufficiently familiar.

An ignorant age is superstitious and credulous, and an ignorant man believes, "at sight," the baldest delusions to be Gospel verity. If he has been baptized *doctor*, the ordinance unfortunately does not help the matter. Starting from his little point of truth as a center, he revolves about it at the most magnificent distances, or flies away, in tangential fashion, nevertheless very humanly. The professional errors of one age become the popular doctrines of the next. Thus, the sins of Æsculapian fathers are visited upon other people's children, to the immense discomfort of a whole generation.

Unhappily, this does not exhaust the capacities for error which exist among doctors and other people. There are numerous and pestilent follies and absurdities, of which so-called educated minds only are capable. Politicians are very fond of speaking about "educating the people up" to their peculiar views—(usually erroneous and pestiferous.) The human nature among doctors here shines out from the darkness of its surroundings. A long course of education may bring any man, even a doctor, to accept absurd views with religious faith, just as the physical system may be "educated up" to the endurance of opium, of whiskey, arsenic, or stump speeches. Prejudice, which Burke says renders a man's virtue his habit, unluckily makes his vicious notion a shirt of Nessus. "Men are wonderfully happy," says Lord Shaftesbury, "in a faculty of deceiving themselves, whenever they set heartily about it. A very small foundation of any passion will not only serve us to act it well, but even to work ourselves in it beyond our own reach."

Education is a developement of the faculties, whether mental or physical, and some people think education is the end of the

matter. But the faculties may be developed mischievously—the mental athlete may become a bully or a prize-fighter, or defend vigorously the wrong idea which has come uppermost in his hypertrophied ignorance. Education is not wisdom by any manner of means. Tamerlane had power enough when he piled up a pyramid from the skulls of his victims. Wisdom would have taught him rather to build factories and cities, iron-clad Dunderbergs, steam engines, and paper money. He had better have organized Oriental "Boards of Health," with all risk of having them declared unconstitutional afterward.

Education detects the flaw in language; wisdom recognizes the noble intent, and carries out the grand design.

Education fills hungry graves with precocious children, and shortens the span of life of the Herculean gymnast. Wisdom seeks symmetrical developement, both of mind and body—believes that water cannot rise higher than its fountain head, or power be created from nothing, and therefore secures a base of supplies before it forces the action of mind or muscle.

It is not sufficient to have power—the world is full of that—but to know how properly to apply it. It is not sufficient to have ideas, but there must be understanding, also. It is not alone enough to have learning—there are dunces in abundance whose heads are gorged with that. It is not enough to pore over black-letter volumes by the traditional "midnight oil." The written words, all things which the senses can apprehend, or which memory can call up from the stores of the past, must be subjected to the stern test of an educated wisdom which sharply separates the true from the false—the glitter from the gold. The sunlight must displace the farthing candle—not even the comet or the meteor will do in place thereof.

We have laid this corner stone of a new temple of science, and the priests of that temple fervently believe that in their offerings they will not imitate the Athenians, who, the Apostle tells us, put their sacrifices on an altar inscribed, "To the unknown God." They expect to obey the injunction:

"Trust not the frantic or mysterious guide,
Nor stoop a captive to the school man's pride;
On nature's wonders fix alone thy zeal,
They dim not reason."

Very little, comparatively, of the teachings within the walls here to arise will admit of controversy. As the wars which attract the world's attention are oftener about points of etiquette or fractional lines of boundary, than about the "eminent domain" of the realm, so the acrimonious disputes and clangoring debates for which the profession is unpleasantly famous, and over which the wits make themselves merry, are rather the ritualistic questions than the nine and thirty articles. The affairs in dispute are but the hem of the robes of Æsculapius. Nevertheless the contention has its use, and the satire fulfills its mission.

A good healthy skepticism on the one side, and sharp laughter on the other, are counter-irritants, likely to wake up action in the most pachydermatous mind. An easy-going intellect is as apt to be filled up with rubbish as a State Church is to become corrupt, a party without opposition to degenerate, or an idle man to get dyspepsia. *Per aspera ad astra.* Jacob's second wife, who cost him fourteen years' hard service, was, probably, as much superior to the seven-year purchase, as Leah herself to the modern damsel, who is won in a day and divorced the next.

The medical profession will improve, and has improved, by attrition, as the diamond in the hands of the lapidary.

The great central idea upon which medical science now stands with confidence is that, in both mind and body, man is subjected to the domination of immutable laws. The tide of his being rises upon the ocean of law. Above, beneath, around, within him, they equally hold sway, and obedience is the condition of his spiritual and physical life.

While knowledge was being slowly and painfully accumulated by our fathers, they groped in a darkness rendered more profound because this primal truth was not developed. "Knowledge comes, but wisdom lingers," when the student merely ac-

cumulates facts without gathering them into the links of the grand chain of universal law. As an intelligent writer has said: "The book of nature is a sealed book to his untutored and uninstructed vision. The laws which it contains, each of which he is commanded to obey, under great and severe penalties for disobedience, or stimulated to obey by the promise of high reward, are written in a language which he does not understand, and which is only to be comprehended by the labor of observation and study." In observations and studies of this kind, it has come to pass that we find man has relationships and affinities with all that lives, or has lived. He is not solitary; and if we inquire into the arcana of all nature, the every answer will tend to explain more and more fully his peculiar nature. His relationship to other created beings is not merely general, but minute and all-pervading. To understand his animal mechanism, or mental part, it is imperative that we become acquainted with all else that has life, and with all those phases of matter and force which, from hour to hour, impress constant changes upon him.

Hence the science of his being becomes universal science. There is no knowledge but what bears upon his destiny; there is no law but whose orbit has him for a center.

Surely it is no unimportant work in which we are this day engaged, for above this corner-stone will this study be made the tribute to a greater than imperial Cæsar.

The individual man, though a Cæsar even, is little noteworthy. If he sinks under disease and death, the great ocean of life closes over him with scarce a ripple on its surface. But man united with his fellow-man can control even the primal forces of nature to work his will. The great laws embrace not the Emperor only, but the human race.

Out of the atmosphere of hoarse disputes is gradually emerging a knowledge of the great laws of man's being—of life and health. We, who are devoting our energies to this great work, and the noble edifice to arise upon this corner-stone consecrated to its uses, shall have but a fleeting existence. But when the teachers have gone to their last resting place, and these walls

shall crumble around this corner-stone, there will be other hands to take up the grand work, and build new temples, and achieve more glorious triumphs in the contest with nature, to wrest from it the mysteries of health and life.

And at this word we are saddened at the reflection that he who, a quarter of a century since, founded this College, and but a few short months ago was a leader in the councils of the Faculty with regard to the erection of the building upon whose foundations we are now gathered, has been suddenly torn from our ranks by all-powerful Death. Brainard is dead! His works and achievements are his most enduring monument; their record his proudest eulogium.

We miss, also, to-day, from our number, one who was associated with Brainard from the organization of the institution until he stood by his death-bed, in autumn last. Arduous labors, incident to his connection with the army during the war—duties most conscientiously performed—and zealous devotion to his favorite studies, have broken the power of his physical frame, and he seeks now, by a few weeks relaxation from toil, to recuperate his wearied energies. Safely and speedily, with renewed health and vigor, may he return to the active duties of his position as President of the College, to rejoice the hearts of his colleagues by his genial companionship, and strengthen them by his wise counsels. Live Blaney, the patriot, the gentleman, the Mason, tried and true.

Another of the number, in a few days, leaves us for a few months visit to the Old World. He will lay under contribution those renowned in medical science and letters, and gather from their sources, in those transatlantic fields, whatever will most enrich the College and profession which he loves. His personal presence forbids the eulogium which springs to my lips. On his return he will find the capstone upon the arch—the turret crowning the completed building; but he will find no change in the love and respect which all who know him entertain. May the ocean forget its storms while it carries him; and upon land let accident and disease be far from him. Return to us early, Brother Freer; but *serus in coelum!*

Officers and Brothers, on behalf of the Trustees and Faculty of Rush Medical College, I thank you that you have laid this corner-stone with the solemn rites of the ancient Order. The ceremony itself originated with the ancient craft, but it has been so frequently imitated by other organizations that many have lost sight of its peculiar Masonic significance. This imitation, in itself, is a recognition of the power of that symbolic teaching which is the grand characteristic of Masonry. From the tiled floor of the Lodge to the Grand Orient, this teaching illustrates the pathway of the true Mason.

The fitly laying of the corner-stone, deemed so necessary by operative masons, suggests, by impressive parallel, that the commencement of every work of life should be thoroughly tested by the moral masonic implements—the square, the level, and the plumb, else the superstructure will be liable to fall at touch of the lightest disturbing cause. It is the first step that tells—for it marks the direction. There is a world of wholesome truth in the trite saying: "Be sure that you are right—then go ahead."

Progress is the pride of the time, but it may be toward the nethermost region rather than Heaven.

These walls may rise with rapidity, but unless the operative mason adjusts his lines by those of this "tried and trusty corner-stone," they will fall so much the faster.

The life of Man, to us Masons, is a spiritual temple, built of ashlar, shapened at our own will. We can make it "a beauty and a joy forever," or mar it to utter ruin.

But let the corner-stone of every work be based upon the sure foundation of the moral law; let the cardinal tenets of our profession, Brotherly Love, Relief, and Truth, be applied to it as unerring tests, and the pillars of the temple can never be shaken, nor will the fires upon its altars ever go out.

"Visit the sick; bury the dead; educate the orphan;" these injunctions indicate the kind of work to be done, but not all. They are the necessary parts of that symbolic building of which Universal Benevolence is the chiefest corner-stone.

THE BENEDICTION

was then pronounced by Rev. O. H. Tiffany, D.D., Grand Chaplain, after which the assemblage dispersed.